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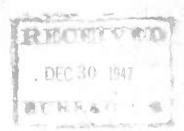
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	11	10	0	9	1	0	į
Reg.	Dist.	No.		-/	(

1. PLACE OF DEATHS County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother)
City or town	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death accurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Martha al	2. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
+ W.	20. DATE DE DEATH d) L 2 5 19.47 21 9 0 8
6.(b) Name of husband or wife	20 TUERTEY that death occurred to the date above stated; that attended deceased from 1940, to 12 Canada 1940
7. Birth date of	100000000000000000000000000000000000000
deceased (mo., day, yr.) May 2-6-1850	and that I last saw how alive on a last saw how how a last saw how a last saw how a last saw how how how how how how how how h
8. AGE: Years Months Days If less than one day	Impledinte cause of death Hemorita 12 4 day
976,hrsmin.	
9. Birthplace MA	an antiropellasses years
(Town, county, and state)	
10. Usual occupation	Que 10.
11. Industry or business	
= 12. Name / Teorce - ance	Other conditions Amelian
13. Birthplace	
14. Maiden name	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings ol operations.
15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Myde Ned,	
17 Swel Date thereof Dec, 29-4)	22. VIOLENCE: if death was due to external causes, till in the following:
(Burial, cremation, or removal, Which) (maonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location double Mai	tnjured at home, farm, industry, public place (where?)
18. Funeral director Clarent C. authory	Means of Jujury injured 2 work?
In 10 011 1.	(Natto m Alexandra
Address TOVE POOR	23. SIGNATURY
19.02. 26 19.47 6. 2	M. D. or other 12/17/10
(Date rec'd by registrar) Registrar	Address



.....

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state of OCCUPA. Exact statement properly classified. CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

	County	Baltimore					Regist	ration Dist. No	38	
	Village or C	city Anneslie.			No. 65	10 Bar	bury Rd		St.,	Ward
	Length of resi	idence in city or town where	death occurred	10_vrsmos	death occurred	in a hospital How long in	or institution, give its U.S. if of foreign bir	NAME instead of stre	et and nur	mber) ds.
		ME NAPOLEO								
			anbury Rd		01	11/				
	(a) Residen	ice: No. O JEO De	(Usual place		St.,	Ward.	If non-	resident give city or to	wn and St	ale
	PERSON	AL AND STATIST	TICAL PART	ICULARS		MEDIC	AL CERTIFIC	CATE OF DEA	TH	
3.	SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE	OF DE	ATH Leemb	er 8	, 1	1947
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced unknown			22. Ve	HER		TIFY, That Lat		ceesed from
_			0-4-1	- 30 3050	1	1	1959	,	1/2	_, 19_4
	AGE Yea	(month, day, and year)	Days	er 10,1859	I last sew h	1	ate stated above, at_	C11 P.	9-7	death is said
_	88	1	28	1 day,hrs. ormin.	CAY PERSON	AL CAUSE (ed causes of important	1-	Date of onset
OCCUPATION	kind of v SAWYER 9. Industry or work we SAW MII 1D. Date deceas this occu	ssion, or perticular work done, as SPINNER, , BDOKKEEPER, etc business in which s done, es SILK MILL, LL, BANK, etc ed last worked at pation (month and	Spe	time (years) ent In this upation	Orlero - Scleroting Candio Vasculardina		east	4 1946		
12.	BIRTHPLACE (ci	ty or town) Mass			Dther Coutri	butory Causes	of importance:			· n = 0 = = = = 4 =
EB	13. NAME U	ınknown								
FATHER		(city or town)	known		Name of oper		ring	Da		
2	I5. MAIDEN NA	Me unknown						Was the		opsy?
MOTH		(city or town)lnk	nown			cide, or homi	cide?	NCE) fill in also the fo		, 19
17.	INFORMANT (Address)	Mr. harles S 6510 Banbury	. White S	fr.			(Specify	city or town, county a , in HOME, or in PUB	nd State) LIC PLAC	E.
18.		Margarets, M					**************			
19.	UNDERTAKER (Address)	Ben L Hoppi 170-172 West	ng and Sc St. Annar	on	24. Was diseas		n eny wey related to	o occupation of decees	ed? K	0
20.	FILED DOG.	A STATE OF THE STA	mi. J. F	etrick T Registrar.	(Signed)	Address)	eliaile 6701	July Rd	Boll	5.12 md
		If more	blanks are needed,	address State Registrar.	2411 N. Charles	Street Baltin	more. Requesting T).	S. No x		1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car UEC 11 1947	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		the who will receive the	9
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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MARYLAND STATE DEPARTMENT OF HEAD	TI

2411 N. Charles St., Baltimore

	10866
Be Dist	No. 44

CERTIFICATE OF DEATH

1. PLACE OF DI			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		nits, write RURAL and give nearest town)	State Maryland County		
(10	outside city or town lin	nits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 709 Franklin Street (If rural, give LOCATION) 2.(a) If veteran, name war. WW-I		
Nosnital, institution, o	or street address where d	eath occurred:			
Vets. Adn	. Hosp., Ft	. Howard, Maryland			
How long to hospital	or Institution? 6 Da	ys			
3. (a) FULL NAM	ME .		3. (b) Social Security	Number	
	JOH N	S. ASHBY	The state of the s		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Single	20. DATE OF DEATH December 13, 19 47	3:55 Pm	
R (b) Name of husban	d or wife	gle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
or (o) hame of haroan			December 7, 19 47 10 December	r13, 1947	
T. Birth date of deceased (mo., day	70 05 07		and that I last saw h imalive onDecember 13,		
8. AGE: Yea	, 1117	Days If less than one day	Immediate cause of death		
59		18min.	Coronary Arteriosclerotic Heart Disease		
		We.	Disease Disease		
		ounty, and state)	Due to		
tD. Usual occupation	Unemploy	red	manOther Cond. Mural Thrombus. rt.		
11. Industry or busing	ess		auricle; Duration: Unknown	AdRecent	
# 12. Name Se	m Ashby		marct, rt. lower lobe lung, Dra	te	
	Worth Caroli	na	auricle: Duration: Unknown Infarct, rt. lower lobe lung, Duration: Recommon Hydrotherax, bilat; Moderate, Duration: Unknown. Infarct, Rt. kinney (Include pregnancy within 8 month Duration: Old.		
14 Maiden nam	Margaret I	rickers	(Include pregnancy within 8 months 111727 10n:	nra.	
E Birthplace	Margaret I Virginia		Major findings of operations		
C7	Inical Pager	rds. Vets. Adm. Hosp.	Actopy resultsSubstantiated above.		
Tr	rt Howard, M		PHYSICIAN: Please underline the cause to which death should be charge	l statistically.	
Regicas		.0 10 110	22. VIOLENCE: If death was due to external causes, till in the toilowing:		
(Burial, crematic	on, or removal, Which?)	Date thereot (month) (day) (yedr)	Accident, suicide, or homicide		
	Baltimore	National Cemetery	Where did injury occur?	(State)	
	Baltimore	e, Maryland	Injured at home, farm, Industry, public place (where?)		
Location			Means of Injury Injured at work?		
18. Funeral director.		ead Hill Aye., Balto., Md.			
Address		- 1111	23. SIGNATURE R. L. LARNER, M.D. M. D.		
19 2)20	.18 19 H7	J.W. Hedrice	R. L. LARNER, M.D.	or other	
(Date rec'd by	registrar/	a Registrar	AddressV.A.H. FORT HOWARD	TC=T3=41	

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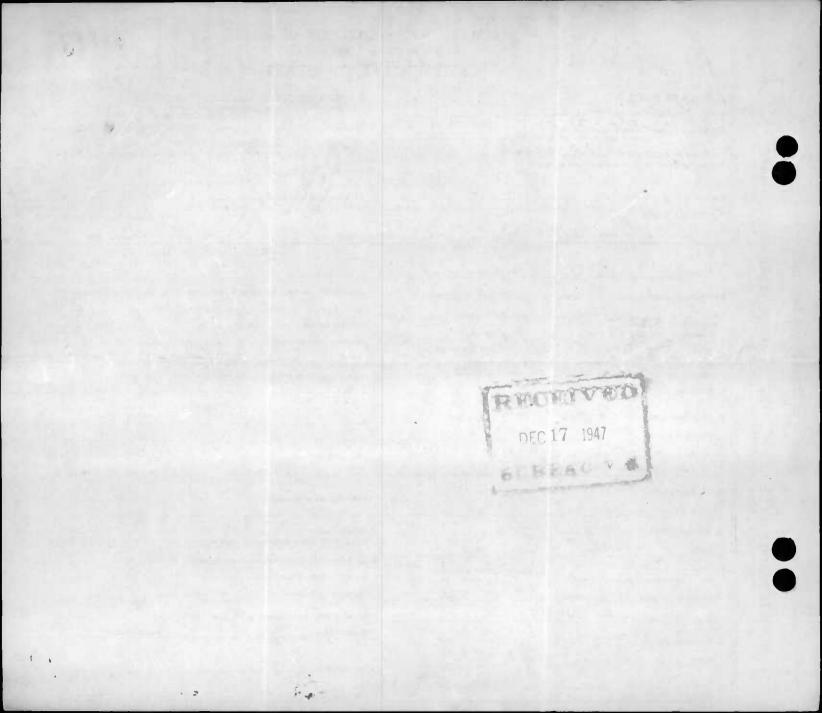
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltane	(For newborn infants give residence of mother)
City or town white Hall	State County Belline
(If outside city or town limits, write KUKAL and give nearest town)	City or town while Itall
How long in above place of death? 70 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Som ill B.	
	acon NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white marriel	20. DATE OF DEATH LOCA 12 19 4) 21 10 P M
a. G.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of hueband or wite	Mil 9 1847, 10 Dec 12 184)
7. Birth date of	
deceased (mo., day, yr.) hos. 7. 1861	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediais cause of desth
O. AUL.	Coronary Occlusion I Lay
95- 7 5hrsmin.	
8. Birtholace Monklow Inc	Due to.
(Town, county, and state)	506 (0
10. Usual occupation Retuil Farmer	
	Due to
11. Industry or business	
12. Name William Baron 13. Birthplace Imbrown	Other conditions
3. Birthplace Imbrown	
	(Include pregnancy within 3 months of death)
14. Malden name marcha 15. Birthplace lunknown	Major findings of operations
E 15. Birthplace Internace	Date of op.
16 Informant Mrs. amie Bacon	Autopsy results.
1 21	PHYStCIAN; Please underline the cause to which death should be charged statistically.
Address white Hall. hel	
17 Burel Date thereof Sew. 15-1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ulnu	Where did Injury occur?
1 of 7 Mars 7.1	
Location	trijured at home, farm, Industry, public place (where?)
18. Funeral director Hammed & Marketine	Means of Injury Injured at work?
Address white Hall me	Miles Boston In Q.
AUDIT COS	23. SIGNATURE PULLE OF OVER 110 .
10 Nec. 13, 1047 Mrs adowards. Markle	me which has 00 M. D. or other
19. 1) EC. 13. 19.47 Will all owners. Market (Pate rec'd by registrar)	Address Date signed War 3 4.



2411 N. Charles St., Baltimore

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WR

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RESERVED FOR BINDING

MARGIN

RTIFICATE OF DEATH

10869

		211	
Reg.	Dist.	No.	

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Clo.	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town outside city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death? Hospital, institution, or otreet death occurred:	City or town (If outside city town limits, write RURAL and give nearest town) Street No. 8.10.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME archie Bell (a	Uchibald Sa 3. (b) Social Security Number
4. Sex 5. Color organ 8.(a) Single, married, widowed, or divorced Marriel.	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f aftended deceased from
7. Birth date of deceased (mo., day, yr.) \\ \text{dan} 12 \text{ f alive, give ageyears} \\ \text{1901}	and that I lasf saw halive on
8. AGE: Years Months Bays It less than one day	Immediate ause of death DURATION
9. Birthplace Sectland (Town, county, and state)	Oue to.
10. Usual occupation Himman	Due to
11. industry or business 3. Chyling Steel 6.	Other conditions
3 13. Birthplace Scotland	(Include pregnancy within 3 months of death)
14. Malden name Margaret Rogers 15. Birthplace Sevetland	Major findings of operations
16. Informant Mrs & Bell	Autopsy results
Address / 810 S. Eart ave Wundell 17. Bered Bate thereof Nec 1947 (Burial, cremation, or removal. Wijch?) Bate thereof Nec 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or common Balto National	Where did Injury occur?
Location Fredrich Oloud	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Leo A. Le och Address 1401-03 N. Patterson Panhana	molecurie B. S.
19 Doc, 5 1947, a.W. Helrich (Date rec'd by registrar) Registrar	Address Address Depute Delease M. Storother

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

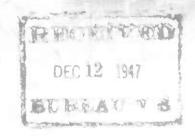
836

10870

Reg. Diat. No. 35

CERTIFICATE OF DEATH

1. PLACE OF DEATH: /_	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Daltimore	State Mary and county Daltimore
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or streef address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elsie Way Don	/dyer-
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	20. DATE OF DEATH December 41947,2:00P
State A Ballana	
6.(b) Name of husband or wife Ophy 7. Doh 13/6)	10 40 10 blee, 4 19 47
7. Birth date of	and that I last saw h. et alive on sole. 4 19.4.2
deceased (mo., day, yr.) / dy 24, 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cenebral Thrombons
68 6 /0hrsmin.	
9. Birthplace Bd / timore Co. Md.	Due fo
(Town, county, and state)	
10. Usual occupation fouse wite	Que to
11, industry or business O.wn. hame.	
= 12 Name Wm. Slenbaker.	Other conditions Musero - Sulerous
12. Name NS. Jenbaker. 13. Birthplace Md,	
	(Include pregnancy within 3 months of death)
5 / / /	Major findings of operations.
\$ 15. Birthplage Tree and, And,	Date of op.
16. Informant Ohn College Coll	Autopsy results
Address Tracland, Man	
17 Buy 1d Date thereof Dec. 7, 194 (Murial eremation or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
11 17	
Cemetery or oremetery	Where did injury occur?
Location Free Jana, Nady	Injured at home, farm, industry, public place (where?)
Markon Bin	Means of Injury injured at work?
18. Funeral director	01 0-1
Address / Clu Freedom Va	23. SIGNATURE Travel
10 Vec 5- 1147 Coreston Lotualin	Raylety ned M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



2411 N. Charles St., Baltimore

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200	13	
sel	0	

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CERTIFICATE OF DEATH

	Reg. Dist. No
mo	DECEASED: ther) Breekling
unty	The DUDAY and all and a second Access

	(II odesing city of town thines, write Kotta
	No Belloya au
ireet	No.
	(18.) 1 1 0 CAMILANT

2. USUAL RESIDENCE (HOME) C (For newborn infants give residence of

> 3. (b) Social Security Number MEDICAL CERTIFICATION

> > DURATION

20. DATE OF DEATH Dea 2.	19. 7 at 10:00
21. I CERTIFY that death occurred on the date above stated;	that Lattended deceased from
and the locations is add a little on the last last and last last last last last last last last	10

Immediate cause of death	
Coronary actuaion	
<u>^</u>	
Ove le carlo - Varentan diseau	1

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: if death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

(City or town)

Where did injury occur?

Injured at home, farm, industry, public place (where?)

(County)

(State)

Means of Injury Injured at work?

clearly and information of sof death cles item of i ADING INK. Supply Physicians: please wr UNFADING WITH UNF important. especially WRITE PLEASE

1. PLACE OF DEATH:

How long in hospital or institution?..

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation... 11. Industry or business

13. Birthplace

15. Birthplace

Cemetery or crematory,

(Burial, cremation, or removal. Which?)

Address

Address

(Date rec'd

8. AGE:

How long in above place of death?..... Hospital, Institution, or street address where death occurred.

(If outside city or town limits, write RURAL and give nearest town)

6.(c) If alive, give age.

If less than one day

er-4

(month) (day) (year)

orrect age

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VS A15 9.4 PLEASE WRI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

Baltimore	(For newborn infants give residence of mother)		
City or fown (If outside city or town limits, write RURAL and give nearest town)	stateMarylandCounty		
How long in above place of death? 2 years, 2 months, 18 days	City or townBaltimore		
Hospital, Institution, or street address where death occurred:	street No. 1220 Linden Avenue		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long In hospital or institution? 2 years, 2 months, 18 days	2.(a) If veteran, name war		
3. (a) FULL NAME Agnes Borjas or Agn	as H. Borjes 3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATHDecember 12		
6.(b) Name of husband or wife Richard Frederick Borjas (deceased) 5.(c) If alive, give age years deceased (mo., day, yr.) November 19, 1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 1945 to December 12 1947 and that I last saw h alive on December 12, 1947 19		
8. AGE: Years Months Days It less than one day 72 — 23	Immediato cause of death Arteriosclerotic DURATION heart disease - coronary sclerosis Indefin		
9. Birthplace England (Town, county, and state)	Due to Generalized arteriosclerosis "		
1D. Usual occupation	Due to Hypertensive cardio-vascular "Carcinoma of the cervix Indefi		
	Ditter conditions Carcinoma of the rectum - less th		
13. Birthplace England	nonobstructive 2"year		
14. Maiden nameJane Hardy	Major findings of operationsRadium implantation		
16. Informant Hospital records	Autopsy results		
17. Burial Date thereof 12/16/47	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Western Com.	Whers did Injury occur?		
Location Balto. Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral directorWMJTICKNER&SONS	Misses of Injury Injured at work?		
	Osadon Fresh		
Address Balto., Md.	23. SIGNATURE		
19. Dec. 16, 1941 Registrar			
(Little fee'd by registrar)	Address Catonsville, 28, Md. Date signed 12/13/47		

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 734

	timore		(For newborn infants give residence of mother) State Maryland County		
City or town			City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2/112 Madison Ave.		
How long in hospital	or Institution?34	days	2.(a) It veferan, name war. WW.—I		
3. (a) FULL NAI		. BOULDIN	3.(b) Social Secur 220-01-349	ity Number	
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	•	
Male	Colored	Married-Separated	20. DATE OF DEATHDecember 19.47	18:50 P	
7. Birth date of	y of wife Beatri		21. I CERTIFY that death occurred on the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; that I attended death occurred to the date above stated; the date above stated is death occurred to the date above stated to the date abov	deceased from per 1 19 147	
8. AGE: Yes 57		Days It less than one day	Immediate cause of death. Rhabdomyosarcoma of left lung, Ploura, Gall Bladder and Jejunum	1 yr	
		ryland county, and state)	Due toUnknown		
10. Usual occupation		ed	Due to		
13. Birthplace	Baltimore.	in	Other conditions. Pneumonectomy, left. (Include pregnancy within 3 months of death)		
t4. Maiden nam	Mary Dor	Md. Cords, Vets. Adm. Hosp.	Major findings of operationsPneumonectomylef:		
	Clinical Re		Autopsy resultsSubstantiated above and PHYSICIAN: Please underline the cause to which death should be charged	ged statistically.	
	l. on, or removal. Which?)	Date thereof. Old. 5 1947 (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
LocationB:	altimore, M	oung Freet L. June	Unjured at home, farm, Industry, public place (where?)		
		ne St. Balto. Md. O.W. Hedrick Registrar	23. SIGNATURE. JOSEPAH. SAUNDERSM.D. M. D. M. Address V. A. H. FORT HOWARD, MD		

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10868

CERTIFICATE OF DEATH

Reg. Diat. No. 40

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother) State Mary County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION County of the residence of mother) (If outside city or town limits, write RURAL and give nearest town)
3. (a) FULL NAME William Fr Both	3. (b) Social Security Number
4. Sex 5. Color of race 6. (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 22 DECEMBER 19 47 , 120 P.
S,(b) Name of husband or wife	21 I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Kuly > 8 - 1861	and that I last saw h
8. AGE: Years Months Days If less than one day	immediate cause of death of the cardy DURATION
9. Birthplace	Due 100 de la deservición dela deservición de la deservición dela deservición de la deservición de la deservición de la deservición dela deservición de la deservición de la deservición dela dela dela dela dela dela dela dela
9. Birthpiace	Cardral decompensator 2 mg
11. Industry br business	Due to
12. Name attick 13 reacting	Other conditions Services
14. Maiden name Quy. S. duy. V. S. Birthplace	(include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations. Date of op.
16. Interment.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Berial Date thereof Dec. 26 - 47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) Cemetery or crematory Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
Location : Bradshaw End	Injured at home, farm, industry," public place (where?)
18. Funeral director Clares & atthur	Means of injury Injured at work?
Address + + ork Wall	23. SIGNATURE S. Edwin Mulley
19, Oct. 12 11.7 G. S. Cullur	2 m Kend St Balto: 12 2 Ence 4



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	0	4	

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CERTIFICA	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Hoapitat, Institution, or street address where death occurred:	Street No. Woodholme Ave. (If rural, give LOCATION)		
Now long in hospitat or instillution?	2.(a) If veteran, name war		
3. (a) FULL NAME READA L. BRAGER.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH Dec. 24th. 19.47 et		
6.(b) Name of husband as wis. As Stanley Brager. 5.(c) It alive, give age year 7. Birth date of deceased (mo., day, yr.) Jan. 24, 1894	and that I last saw h. S. V. allve on 19.		
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION HMYOTOPA, C DTENTAL		
53 11hrsmin	sclevesis syear		
8. Birthplace. Baltimore, Md. (Town, county, and state) HouseWife 11. Industry or business 12. Name. Isaac Leopold, Ly 13. Birthplace Balto. Md. 14. Maiden name. Rose Heineman, Balto. Md.	Due to		
Balto. Md.			
18. Informant Mr. A. Stanley Brager, Address Woodholme Ave. Pikesville.	Autopsy results. PHYSICIAN: Ptease undertine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal, Which?) Bate thereof 12.26.47. (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory Baltimore Hebrew			
Location Balto. Md.	Interest of home form industry mubble place (where?)		
18. Funeral director land Sources	Means of tnjury tnjured at work?		
Address 1902 Eutaw Place. Balto. Md			
19. (Date rec'd by registrar) Registrar	23 SIGNATURE M. D. or other M. D. or other Address 1638 N. Calvert St. Date signed 12 24 4		

age

contect

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

A15 SA

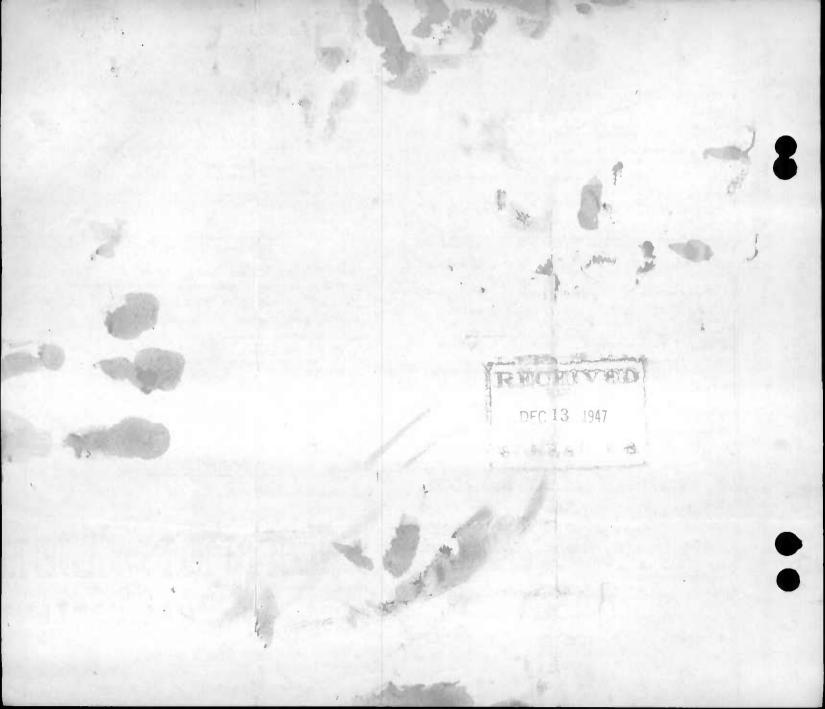
FOR BINDING

RESERVED

MARGIN

2411	N.	Charles	St	Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 3 9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Brane	3. (b) Social Security Number
4. Sex S. Color or race S.(a)Single, married, wildowed, or divorced W. Lowed	MEDICAL CERTIFICATION 20. DATE DE DEATH De C. 9 1947 at 19
6.(b) Name of husband or wife Extelle nee Koch 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 11, 1879	and that I last saw h
8. AGE: Years Months Daye If less than one day	Coronary thronton 2 day
8. Birthplace Baltimae md. (Town, county, and state)	Due to
10. Usual occupation Merchant	Due to
11. Industry or business 12. Name David Brace 13. Birthplace Remany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Calkerie Hook 15. Birthplace Baltomore, md.	Major fieldings of operations
Address Mend to make	Autopsy results
17. Bate thereof. Bate thereof. (Burisl, cremation, or removal. Which?)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Parketived Balto m	Where did injury occur?
Location Garfuelle, Balto, Mal	Means of Injury Injured at work?
Address Spules, med	- 23. SIGNATURE Cy M. France
19. Dec 11, 1947 ama Puce Registrar	La Sota 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



2411 N. Charles St., Baltimore

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p.ll.	11	0		-

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Date of	md. B. or
Cify or town(If outside city or town limits, write KURAL and give nearest town)	B
How long in above place of death?	City or town
Hospital Institution or street address where death occurred:	Street No.
regers Ft,	(If rural, give LOCATION)
How fong in Jospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	, , , , , , , , , , , , , , , , , , ,
the of thenge	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of ?? 7/ / / / / / / / / / / / / / / / / /	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Supportun.
80 hrshrs.	. min.
9. Birthplace Dradshaw Md	from 1st 2nd mil elegan
(Town, county, and state)	from the House
1D. Usual occupation Abuseworks.	Due to
11, industry or business	Oftrende,
12. Name Augustus Brown	Dther conditions
12. Name du gudus Ensure 13. Birthplace ml.	
	(Include pregnancy within 3 months of death)
14. Maiden name Emelia Pattern	Major findings of operations.
E 15. Birthplace Md.	
16. Informant Lindsay Tate	Autopsy results
Address 932 N. Central and	PHYSICIAN: Please underline the cause to which death should he charged statistically.
12	7 22. VIOLENCE: If death was due to external causes; fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, valeido er homisido Date of
Cemetery or crematory astury Cemetery	Where did Injury occur? (City or town) (County) (State)
Leady Thed	Injured at home flarm Andustry, public place (where?)
Location De La Color of Color	Mounts of Williams of Market on Lambeled at work? Joy
18. Funeral director. Phrs. Ocoty a Elected & Del	Million of the state of the sta
Address 11299. Carolini St	Im lene Test
10 1510 0.21-1	SIGNATURA MID, or other
19. 12-13 19 T	a warmen metical states

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

10877

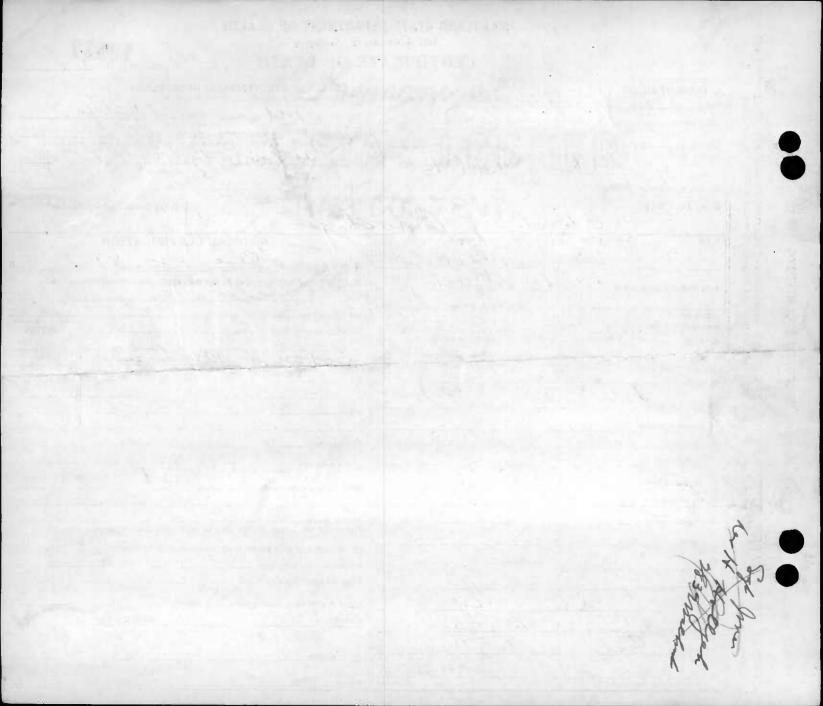
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 20 4 Skedy Mork Rd
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME Charles & Bru	Change 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH NO. 2 2 1 1 7 2 3 2 N
5.(b) Name of husband or wife Bolitla Buckey	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	19
7. Birth date of deceased (mo., day, yr.) May 29 1902	and that I just 22W h
8. AGE: Yeara Months Daye If less than one day	Immediato cause of death DURATION
4J 6 28	Coronary Occlusion
9 Birthaiges Mnd	Due to
9. Birthplace(Powh, county, and state)	000 100
10. Usual occupation.	Due to
11. Industry or businesa	
12. Name Athu H Duchey 13. Dirthplace Med	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Caurlin	
14. Malden name Carolina 15. Birthpiace	Major findings of operations
16. Informant Thirt M Bruckey	Autopsy results
Address 20 & Shell of CH	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Balt my	Injured at home, farm, industry, public place (where?)
91	Means of Injury Injured at work?
18. Funeral director.	es 1 1 10 Saffled
Address to almost the map	23. SIGNATURE M. D. or steel
19. 12/24 1047 a.W. Hedrich	1010 Les de 22 M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

J.C



9-45-15M

A15 NS. PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1			CERTIFICA	IE OF DEATH	Reg. Dist. No	##
City or town(If or How long in above place Hospilal, Institution, or Vets. Acm.	timore Fort How to the first tend of death? 18 etreet address where Hospital, Institution? 18	Days death occurre	RURAL and give nearest town) d: Howard, Maryland	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Maryland Cou Baltimor (If outside city or town limit Street No. 103 N. Carey St. (If rural, give 2.(a) If veteran, name war WW-2	es, write RURAL and give nea	arest town)
			BYRNES		Unknown	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Single	20. DATE OF DEATH. December 2	1, 1947	3:10 A.
The state of the s		6.	(c) tt alive, give ageyear	December 3,	47 , December cember 21,	21,1947
8. AGE: Years	Months	Days	It less than one dayhrsmin.	Pulmonary Tuberculos Advanced, Active.	is, bilateral	2-1/2
11. Industry or business	Unemploye	d		Due to		Helenoone
13. Birthplace M	aryland			Other conditions Lateral sinus Cause, Unknown	Chrombosis	Unknown
14. Malden name	Rose Muld	oon		Major findings of operations		
18. IntermantCLi	nical Reco		lets. Adm. Hosp.	Antopsy results. Substantiated PHYSICIAN: Please underline the cause to w	l above.	
17 Buria (Burial, cremation,	, Baltimo	re Nat	reot / 1 2 4 4 7 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Location	Baltimo	re, M	ryland	Injured al home, farm, Induetry, public place (w		
18. Funeral director			Funeral Home	Meane of Injury	Injured at work?	
19. /2/2 (Date ref'd by reg	3 19 3		Aw Hesus	23. SIGNATURE P.O. ANDERSON, Address V.A.H. Ft. Howard,	M. D. M. D. o	12-22-47

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

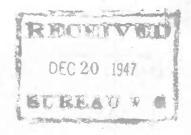
2411 N. Charles St., Baltimore

10879

CERTIFICATE OF DEATH

Reg. Diat. No. 33

	Nog. Diet. No.
1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Reisterstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 yrs Massital institution, or street address where death occurred:	State Md. county Balto. City or town. Reisterstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 36 Main St. (Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME Lewis Calvin Caltrider	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife Mary Elizabeth Caltrider 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) May 8, 1868	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 7 6 hrsmin.	Caranary artery Dislase 3 mo.
9. Birthplace Carroll Co. (Town, county, and state) 1D. Usual occupation. Retired 11. industry or business	Due 10. Hypertensive EV. Disease 7 mos
12. Name George Caltrider 13. Birthplace Carroll Co.	Dither conditions Carcinana of Brastali 5 yrs
14. Malden name Jane Wooden 15. Birthplace Carroll Co. Mary E. Caltrider	(Include pregnancy within 3 months of death) Major findings of uperations. Date of up.
Poistone Md	Autopsy results
Address Reisterstown, Ma. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Paul	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Arcadia Balto.Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. F. Eline & Sons	Meens of injury Injured at work?
Address Reisterstown, Md.	23. SIGNATURE AN Caples M.D.
19. Dec-18- 19. 47. Mary S. Eline (Date rec'd by registrar) Registrar	Address Paintinstours 21. Bate signed 12-17-4.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				n	1
Reg.	Dist.	No.	1	5	

	7
1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagring give residence of mother)
County.	State Mos County Dalstwork
(If outside city or town limits, write RURAL and give nearest town)	HI ATTIMULATION .
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. ACON WOOD (If rural, give LOCATION)
How long in hospital or Institution?	2,(a) If velorary name war.
3.(a) FULL NAME	3.(b) Social Security Number
Charles Damuel	(annon 1/3-13-9671
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male Tryle (yesomes)	20. DATE OF DEATH DEC . /V 1947, et /O MM
6.(b) Name of husband or wife Many Usels Common	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of	and that I last saw have alive on Dec. 12, 1942
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
190 T 10 min.	Cardina Marilant has
Maritalism for his.	
9. Birthplace (Town, county, and state)	Due to
1B. Usual occupation.	Due to.
11. Industry or business of Alau Ships	
12. Name Stry Sannon 1 13. Birthplace Doughester Co. Mo	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Lister Co. Nes .	Major findings of operations.
15. Birthplace Jorchester . Co. Mes.	Date of op.
16. Intermany Mrs. Esteth Bules.	Autopsy results
Address Hernewood RS Galto Co ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burgo 1 Dear 15 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremation, or removal, Which (1) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or erematory 1500 auril Pulling.	Where did injury occur?
Location Novague Dalbo Co. Mas.	Injured at home, farm, industry, public place (where?)
18. Funeral director & Mellis Quogram	Means of Injury Injured at work?
Address 4510 Leberty Acights and.	on comoti
12/12/ 10 2 cm+	23. SIGNAURE M. D. or other
(Date rec'd by registrar) Registrar	Address and allstonn Date signed 2/12/4)

**

DEC 22 1947

2411 N. Charles St., Baltimore

9301

CERTIFICATE OF DEATH

Bar Diat No 32

					reg. Dist. No	
	thervil putside city or town of death? street address wher	l yr		Street No. Greenspring (Ifrural, g	county Balto.)
4. Sex Female	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	P
7 Birth date of		6.(c	Caple Off alive, give age yea		above stated; that tattended deceased from 19	947
8. AGE: Years	Months C	Days	If less than one dayhrsmli	Chronico Mu	poendely ?	
11. Industry or busines	Housework wis Shij	ork oley Co.	lersock	(Include pregnancy within		
			1		Date of op	
17	o, or removal. Which	Mount Co.	Jan. 2, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	n) (County) (State)	7,5
	- 19 4/2 egistrar)	7 1/	ES Nichael Registra	23. SIGNATURE Pikesville	8-7nd Date signed / 2	-48

BINDING

FOR

MARGIN RESERVED

PLEASE WRITE PLAINLY, is especially

A15



MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: CARAGEY Bellico.	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: ARM BY BOLLS . (a) Baltimore City, Maryland (b) Street address of And Rd Maryland	(a) State Md (b) County
	(2) State (0) County.
(c) Hospital or institution:	(c) City or town (If outside city or town li
Sidir	(d) Street No Var for 1 Rd. 4
(d) Length of atay in hospital or inst, (yrs., mos., or days)	(e) Citizen of foreign country?
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
(c) Hospital or institution: (d) Length of atay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (g) Length of stay in Baltimore (yrs., mos., or days)	moll
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERT
No.	20. DATE OF DEATH DEC
4. Sex 5. Color or race 6 (a) Single, married, widowed, or diversed:	21. I certify that death occurred on the
Signal White diverced: Martice d 6 (b) Name of husband divertile and W. Carnoll 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr. Oet 144 1882	ed deceased from
6 (b) Name of husband entitle and U. Carroll	and that I last saw has alive on
6 (c) If alive, give age years	Immediate cause of death
	Carlin Haras
8. AGE: Years Months Days If less than one day	- A Valenting
	Due to
9. Birthplace (Town, county, and state)	D 4-
(Town, county, and state)	Due to
10. Usual Occupation 11. Industry or business 12. Name Roman J. Glanville 13. Birthplace Balto. md.	Other Conditions
12 Name Thomas J. Glanville	,
12. Name homas . Tlanville	(Include pregnancy within 3 mont
2 13. Birthplace Salto. Md.	Major findings of operation:
14. Maiden Name Kata Parks	
14. Maiden Name 15. Birthplace 16 (a) Informant College Carroll (b) Address of Research (c) Research (d) Research (e) Address of Research (f) Research (f) Research (g) Researc	of autopsy:
16 (a) Informant arthur C. Carroll	22. If death was due to external cause
10) Multiple 1029 / De la Company de la Comp	(a) Accident, suicide, or homicide
17 (a) (Burial, cremation, or removal) (month) (day) (year)	(b) Date of occurrence
	(c) Where did injury occur?(City o
(c) Cemetery or crematory Soudon Fark Location Balto Md.	(d) Did injury occur about home, on
Location Salto Md.	place?
8 18 (a) Funeral director Vallagen ook Suc.	(Specify type of place)
(b) Address 12/7 St Paul J.	(e) Means of injury
18 (a) Funeral director (a) Class (b) Address (b) Address (c) (b) (Date rec'd by registrar) (c) Registrar	Address B. Tall Belle St.
VS 150	7

(If outside city or town limits write RURA	L and give town)
	ut lor
e) Citizen of foreign country?	(Yes or No)
If yes, name country	
noll	TARW_
MEDICAL CERTIFICATION	950
to. DATE OF DEATH DEC 19th	at a.M
21. I certify that death occurred on the date above state	ed; that I attend-
ed deceased from 1957 to 12	
and that I last saw has alive on 17/19/19	14.7
mmediate cause of death The for Somethis	Duration
Confine Mines Both	
L. J. Sent Lebert L.	
Due to	
Due to	
2.1	
Other Conditions	
(Include pregnancy within 3 months of death)	PILYSICIAN
Date of operation	O nuclitude circ
Major findings of operation:	cause to which
3	charged statis-
f autopay	tically.
22. If death was due to external causes, fill in the fo	llowing:
(a) Accident, suicide, or homicide	0× 0× 0× 0× 0× 0× 0× 0× 0× 0× 0× 0× 0× 0
b) Date of occurrence	М
(c) Where did injury occur?	
(City or town) (Cour (d) Did injury occur about home, on farm, industrial	place in public
place?	k?
(e) Means of injury	

M. D.

Date signed

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County Wines Et alt 377	State Many County Palto
(If outside city or town limits, write RURAL and give nearest town)	1011 cm Q + VPA
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred.	Street No. Was Lalk 22 mg
How long in hospital or institution?	(if roral, give LOCATION) 2.(a) If veteran, name war
3. (g) FULL NAME	3. (b) Social Security Number
Hattie Carter	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J Cal widow	20. DATE OF DEATH DERENGED STORY 1857, 21 415/M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(o) If allive, give ago years	Weenles 18 1947 10 Dec 8 147
7. Birth date of deceased (mo., day, yr.) UM (Mount)	and that I last saw h
8. AGE: / Years Months Days If lees than one day	Immediate cause of death DUBATION
· 63	must way unin
9. Birthplace Jana and state) Town, county, and state)	Due to
214.2.1	- A - A - A - A - A - A - A - A - A - A
	Due to Marchael March Mal
11. ledustry or business	
	Other conditions
2 13. Birthplace	(Include pregnancy within 8 months of desth)
14. Maiden name	Major findings of operations.
Al 15, Birthplace	- Date of op.
18. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1916 north OKES, Dundalk	
17 Service Bate thereof Dec 11-47	22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which? (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	injured at home, farm, industry, public place (whore2)
10. Funeral director. Telloy D. Willson	Means of Injury lojured at work?
Address / 100 Beantly ave	Al thomas modera!
12/11/12 male	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Idense HAXALOS TO Most stand TELLY

BYLESON STATE DELEGEMENT OF BULLIANS OF STATE OF

Manager Company of Company

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ATTENDED DESIGNATION

2411 N. Charles St., Baltimore

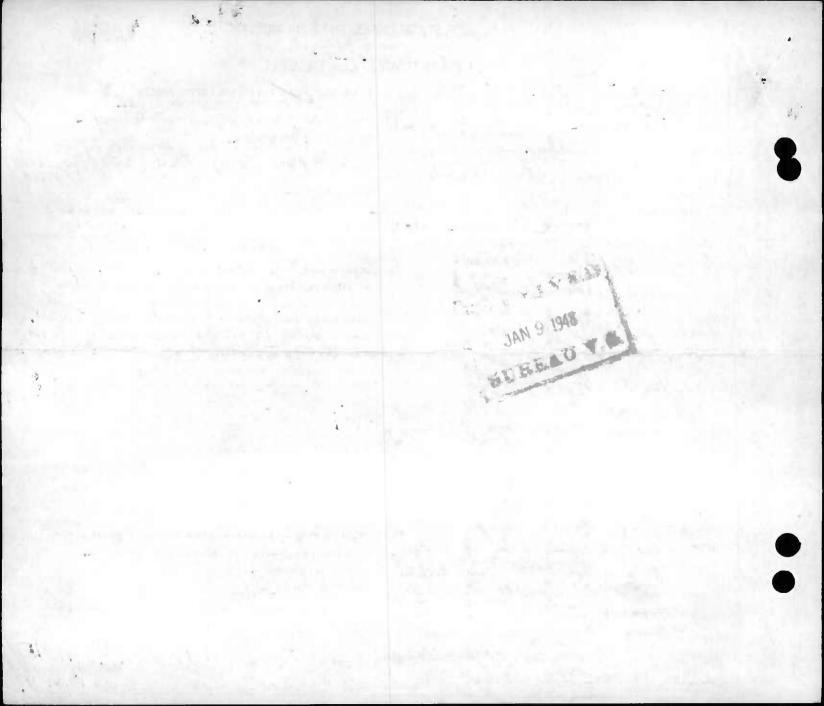
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10884

CERTIFICATE OF DEATH

38

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ror newborn in mots give risidence of mother) State
3. (a) FULL NAME 4. Sex 5. Color Mace 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 217-14-9164 MEDICAL CERTIFICATION
Male White Married 6.(b) Name of husband or wife Jane R. Carter 6.(c) It alive, give age 6.3 years 7. Birth date of deceased (mo., day, yr.) April 16, 1884	20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 63 8 13 hrs. min. 9. Birthplace Blountsville Tenn. 10. Usual occupation Laborer	Due 10.
11. Industry or business County High ways Dept. 12. Name	Dither conditions
15. Birthplace TENN. 16. Informant Robert Carter Address Towson, Md. R.F.D. #8.	Major fieldings of operations
Burial, cremation, or removal, Which?) Cemetery or crematory. Location Harris Bulto. Co., Ma.	Accident, suicide, or homicide
18. Funeral director Address Town, Manylaud 19. Control of the	23. SIGNATURE COLLING. Huslan M. Diver orthogonal 12 14 47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10885 Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Galleria	(For newborn infants give residence of mother)			
City or town	State County County			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospilal, Institution, or street address where death occurred:				
·	Street No			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Howard Chiles	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION			
m w m.	20. DATE OF DEATH. 2 CC 2 1947 at 5 A M			
Rose Miles	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from			
6.(b) Name of husband-or wife	11-26 1945 10 12-2 1947			
7. Birth date of	and that I last saw him alive on Sie / 1947			
deceased (mo., day, yr.)	Immediata causa of death			
8. AGE: Years Months Days It less than one day	arterioscleroses 5ym Est.			
8/ V				
9. Birtholace Maryland	Due to			
(Town, Jounty, and state)				
10. Usual occupation.	Due to			
11. Industry or business				
12. Name Curkuown 3. Birtholace Curkusurn	Dther conditions			
\$ 13. Birthplace Weeklesers				
14. Maiden name Weekleseer	(Incinde pregnancy within 8 months of death)			
	Major findings of operations.			
15. Birthplace	have. Date of op.			
16. Informant Mus Stream Culary	Autopsy results.			
Address Reisterstown ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17 Build Dale thereof Del 5/47	22. VIOLENCE: If death was due to external causes, till in the following;			
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cemetery or crematory Pleaseast Two	Where did injury occur? (City or town) (County) (State)			
Location Balded Md	Injured at home, farm, Industry, public place (where?)			
8 del a Vilata	Means of Injury Injured at work?			
18. Funeral director				
Address Hellificula Mid	23. SIGNATURE D. D. Esples, M. D.			
10/2-3 1047 Cycil & Fourth Mil	M. D. or other			
(Date rec'd by registrar) Registrar	Address Ressurelown Md Date signed 12-2-47			



7

The second of the second

1. PLACE OF DEATH:

How long in above place of death?.

How long in hospital or institution?...

3. (a) FULL NAME

4. Sex

Hospital, Institution, or street address where death occurred:

6.(b) Name of thusband or wife. Mary Rebecca Clark

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For uewborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) None. 2.(a) If yeteran, name war...... 3. (b) Social Security Number None MEDICAL CERTIFICATION 20, DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION

	eceased (mo., d	sy, yr.)				
8.	AGE: Y	ears h	fonths 5	Days / 4	If less than one day	min.
9.	Birthplace	Ban	(Town,	ounty, and s	tate) J	1
1D.	Usual occupation	on	Than (1)	- warm		***************************************
11.	Industry or busi	ness	tate o	f Md.		
FATHER	12. Name	Sa	mul.	J Clar	k	
MOTHER	14. Maiden na	me	mente	16		
16.	Informant	ma.	Em	His	I, dent	4
	Address	/tole	three	2		
	Burial, cremat		oval. Which?)	Date there	of 12/30/ (month) (day	47) (year)
		achene I	Prionde	hin Ca	m A A C	0

Pa. Aves. Balto.

Friendship. Md

18. Funeral director WM. J.

6.(a) Single, married, widowed, or divorced

6.(c) If alive, give age.....years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Major findings of operations.....

22. VIOLENCE: If death was due to external causes, fill in the following:

(Include pregnancy within 3 months of death)

Accident, suicide, or homicide..... Where did Injury occur?

(City or town)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

(County)

Registrar

WRITE

PLEASE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10887

Reg Dist No. 30

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HON	ME) OF DECEASED:
County	13 A L to.		•••••••••••••		
City or town. (If outside city or town limits, write RURAL and give nearest town)				State MD.	
How long in above place of death?				City or town (If outside city or to	wn limits, write RURAL and give nearest town)
Hospital, Institution, o	r_street address where			Street No. 4928 J	ENMORE AVE
OPIT	Z Nu	RSING	HOME		iral, give LOCATION)
How long in hospital o	or Institution?		***************************************	2.(a) If veteran, name war	V
3. (a) FULL NAM	IE				3. (b) Social Security Number
	(HARL	ES H.	CLAVIILLE	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDIC	AL CERTIFICATION
male	white	ma	rried	2D. DATE DF DEATH DEQ	16 19 4/ 1 5 A
c (b) Name of buchance	or wife Maude	F. Cla	avville		e date above stated; that I attended deceased from
G.(O) Hame of husband			e) If alive, give agey	150 11	104/10 050 16 190/
7. Birth date of				and that I last saw halive on .	DEC 15 1947
deceased (mo., day,		ept. 13	3 1868	Immediate cause of death	DURATION
8. AGE: Year				Coreoral	sucorrhage stags
79	3	3	hrs	nin.	
9. Birthplace	Snow Hill,	Md.		Bue to	
	(lows)	, county, and a	itate)	Vecerralizes	Urvenio Selerores
1D. Usual occupation	REOIIG	****************		Due to	
	ss P. R. R				
置 12. Name	Henry Clay	ville		Other conditions	
13. Birthplace	-				within 3 months of death)
HLOW 14. Maiden name	-				
LOY SE SEAL SEAL SEAL SEAL SEAL SEAL SEAL S	-			Major findings of operations	
					Date of op.
16. Informant M.	Charles	E. Clay	ville	PHYSICIAN: Please underline the ca	nse to which death should be charged statistically.
Address 49	30 Denmore	Ave.		22, VIOLENCE: If death was due to ex	sternal causes till in the following:
17 Bur	ial	Date then	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	tory Chur	rch Hil	Cema	Where did injury occur?(City o	or town) (County) (State)
Location				Injured at home, farm, Industry, public	place (where?)
10 Eugeval director	WM. J. T	ICKNER	& SONS	Means of Injury	tnjured at work?
IB. FURETAL DIRECTOR.	Balto	., Md.		V/A	8.1
Address	11.	1	10/110	A 23. SIGNATURE	10 tower
19 /20	U. 17 19 4"	1	7. W. Stedry	el Cal	M. D. or other
(Deterec'd by r	egistrar) / \		C. Bagins	rar Address	Date signed

RESERVED FOR BINDING

ADING INK. Supply every item of information careful physicians: please write the causes of death clearly ar

correct age

9.45.15

PLEASE WRITE PLAINLY, WITH UNI

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WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

orrect age

WAR	YLAND	STATE	DEPARTMENT	OF	HEALTE
17 42 77	ILAND	DIVIT	DEI WILLIAM I	O.	THE PARTY AND A PA

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10888 Reg. Dist. No. 43

	Balti Fullerton utside city or town lin of death? 40 streel address where d	Md. aits, write Ri yea; eath occurred:	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mary land. County. Balt.imo: Fullerton, Md. (If outside city or town limits, write RURAL and give neasest reset No. Belair Rd. & Louise Ave. (If rurst, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security	rest town)	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white		idow	2D. DATE OF DEATH Dec. 4th, 1947	at 6:45p m	
	***************************************		Cooper) If allve, give ageyears 1859	21. I CERRIFY that death occurred on the date above stated; that Lattended dece	47 19 47	
8. AGE: Years		Days	It less than one day	Immedialy cause of death	36 kes	
88	2 1	29	hrsmin.			
11. Industry or business 12. Name	at William W Englar	home foolli		Due to	30 yrs.	
쓰 14 Maiden name	Mary A.	Price	9	(Include pregnancy within 3 months of death) Major fiediogs of operations		
14. Malden name 15. Birthplace	Englar	nd		Major fiodiogs of operations		
M	rs. John	T. Sr	nith	Autopsy results.		
16. Intermant			Louise Ave.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address 17. bur ia. (Burial, cremation,		Date there	12/8/47 (month) (dsy) (year)	22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
	7225 E	aster	n Ave.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director			eral Home	Means of Injury Injured at work?		
	7401 Bel			Colom Sum		
10	19 4.7	0	o 9 d Rufemla Registrar	23. SIGNATURE M. D. other Address 6 > 32 Belon (1206 Date signed Doc 5, 194)		



DEC 10 1947

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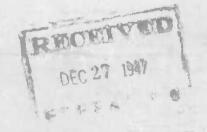
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10889 Reg. Dist. No. 30

1. PLACE OF		Baltir	nore		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED: mother)	
				***************************************	State Maryland Cou	oty Carroll	07=0===00000000000000000000000000000000
				URAL and give nearest town)		s, write RURAL and give near	
How long in above place of death?12years,9months,17days. Hospital, institution, or street address where death occurred:					(if outside city or town limits		
Spring Grove State Hospital					(If rural, give		
How long in hospital or institution? 13 years, 9 months, 17 days					2.(a) If veteran, name war		V
3. (a) FULL N						3. (b) Social Security 1	Number
		Edwin (Criswe!				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced				e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	v	white		divorced	20. DATE OF DEATH December 22	2 1947	,at.7:10.a.m
A (1) W (1)		ite?			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deces	sed from
					,19	to	19
7. Birth date of				e) if alive, give ageyears	and that I last saw halive on	······································	19
deceased (mo.,		May 2,			Immediate cause of death	***************************************	DURATION
8. AGE:	Years	Months	Days	If less than one day			
	74	7	20	hrs. min.	arterio scleros	he least	
9. Birthpiace	Ma	aryland (Town,	eounty, and	state)	Due ta		***************************************
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and a second	, , , , , , , , , , , , , , , , , , ,
11. Industry or bi	usiness	Miscell	aneous		See 10.	If Leneur	
		Edwin C	riswell	1	Dither conditions.		
12. Name		Marvlan				accident	
		Condoli		wav	(Include pregnancy within 3 r	nonths of death)	
14. Maiden	name	************************	***************************************		Major findings of operations		
₹ 15. Birthplac	:е	Marylan	d			Date of op	
16. Intermant		Hospita	lreco	rds	Actopsy results	hich death should be charged	atatistically.
Address		Catonsv	ille-2	8. Maryland	22. VIOLENCE: if death was due to external cau		
17(Burial, eren	Bun!	A/	Date ther	eof 12-24-47 (month) (day) (year)	Accident, suicide, or homicide.	Lens Date of Sto	418.47
		66		V	Where did injury occur?(City or town)	(County)	(State)
Location Wir/illy Earnell Co. Md					injured at home farm, industry, public place (w		huc
Location	s.hkf		111	/1	Means of intilloul of tus		
18. Funeral direc	ctor	15	111	Wallz	es		
Address			Wi	Whiled med	Jam	Le Star	
12/	7	1/-	0	2. V. Juich	23. SIGNATURE	// //	or other
19. (Date rec'd	by registr	ar) 19.47	%	Registrar	Address 010 Leede	Date signed	lee 22-47



COPY SENT TO LOCAL REGISTRAN No. DATE 17/29/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The great age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Churl	es St., Bultimore
CERTIFICAT	TE OF DEATH Reg. Dist. No. 39
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Wilmark	MEDICAL CERTIFICATION 2D. DATE DE DEATH. 5 December 18 14 21 3 A 21. I CERTIFY (has death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h. Blaive on 3 December 1947 Immediair cause of death. Cardiac failure 2 wks
9. Birthpiace (Town, county, and state) 10. Hsual occupation. 11. industry or business	Due to.
12. Name	Other conditions. Hypostatic pneumnia lwk (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mus Golin Battisine Address Musul den Mid-	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director. Sandy The Brands. Address Sparls, Mil.	Meens of Injury Injured at work? Walke T. Kees M. D. M. D. or other
19. Dec. 5 1847 anna Prica Registrar	the could be a second

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Tows on Lt. Mary Land (If outside city or town limits, write RUKAL and give nearest town)	State Mally Count Dallithay in
How long in above place of death?	Cily or town (If outside city or town, limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No/108 Bonospark Sulling
Towson L, Maryland	(If rural, give LOCATION)
How long in hospital or institution? July July 14.19.457	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or sace B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
finale white Differed	20, DATE DE DEATH DECEMBER 23 1947 112:558
B.(b) Name of husband or wife Jahn B Sauce	21. I CENTIFY that death occurred on the date above stated: that Lattended deceased from
	June 7-4 1947 10 Dellucky 23 1947
8.(c) If alive, give age 7. Birth date of	and that I last saw h alive on D. C. L. M. O. L. L. L
deceased (mo., day, yr.) **Launus 9, 1917 8 AGE: Years Months Day's If less than one day	Immediate cause of death
7/1/1	
39 hrs,mi	in. Pulmonary many more
9. Birthplace fown, county, and state)	Due to
1 gNAII	//f.4.4.f.
10. Usual occupation.	Due to
11. Industry or business My 4 MMMMMM	
E 12. Name	Other conditions
13. Birthplace / all (Sunty) 19	(Include pregnancy within 3 months of death)
14. Matten name Arick County, Va	Major findings of operations
2 15. Birthplace & atrick County, / 4	Date of op.
Personal history - Hospital Records	Antopsy results.
Fudaward Sanatanian Parman I. Nd	PHYSICIAN: Please underline the cause to which death should he charged statistically.
12/1/1/1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or Moval, Which?) Date thereot (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory The Manual Company	Where did injury occur?
Saprollo alle	Injured at home, farm, Industry, public place (where?)
Location	Mesns of Injury Injured at work?
18. Funeral director	
Address 12/10/000	23. SIGNATURE Na Smiles M. D. C. STORY
19. (Date rec'd by registrar) (Date rec'd by registrar)	Tower on 1, 18d. / 12-23-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Howard			State Maryland Coul			
How long in above place of death?				City or town. Baltimore (If outside city or town limits Street No3905. Greenmount (If rural, give 2.(a) If veteran, name war	Aveme	
3. (a) FULL NA	ME FREDERICK S	S. DEEL	S		3. (b) Social Securit 214-09-639	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married				MEDICAL CE	ERTIFICATION 19.47	8:15an
6.(b) Name of husband or wifeChristinsDeeds			c) If alive, give ageyeare	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from August 13		
***	Months 10	Months Days It less than one day		Immediate cause of death. Massive Pulmonary Embol Bilateral		Sudden
S. BirthplaceMaryland(Town, county, and state) 1D. Ueual occupationUnemployed						Unknown
11. Industry or businese 12. Name Bruce Deeds 13. Birthplace Maryland 14. Maiden name Blanche Grush 15. Birthplace Maryland				Dither conditions Essential Hypertension 10 yr Hemorrhage in Arteriosclerotic plus Plaque Coronary Artery 10 da. Major fieldings of operations. Date of op.		
16. Informant Clinial Records, Vets. Adm. Hosp.				Antapsy results & Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17Buria (Burial, cremati Cemetery or crem Sh Location	allon, or removal. Which hatory	Date thermNationNationNationNation	onal Cemetery d Home	23. SIGNATURE W. HEATH, M.I	(County) Injured at work?	(State)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	July 0- 0 15 04-
(If outside city or town limits, write RURAL and give nearest town)	10.7
How long In above place of death? 18 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1500 Franklesick Road
1500 Haldesick Koad	Alf rural, giye LOCATION)
How long in hospital or institution?	2(a) If veteran, name war Motled Wat 1 4 World Wor2
3. (a) FULL NAME	3. (b) Social Security Number
Henry Houce	6 Dill 578-22-7498
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Male White Devorced	20. DATE OF DEATH. Dec. 15, 19.47, at 3:00A.M
8.(b) Name of husband or wife Esthet R	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	OCT- 37 19 47, 10 Dec-15 19 47
7. Birth date of	and that I last saw h. Last alive on Dec
deceased (mo., day, yr.) 0-cl, 2,5,1897	Immediate canse of death OURATION
8. AGE: Years Months Days If less than one day	Arterial Scherotic
50 1 20hrsmin.	Myacaphitis
9. Birthplace Bully (Town, county, and state)	Oue to Angina Pectores 1 110
10. Usual occupation Sallsman	
11. Industry or business Limbled Co	Due fo
#1 20/2 11/5/ & inn	
2 13. Birthplace X'receleptick WAA.	Dther conditions
# 14. Maiden name March Dullant	(Include pregnancy within 3 months of death)
	Major findings of operations Monday
2 15. Birthplace Inladelfahia, Penna	-a
18. Informant Att. M. L. The	Autopsy results.
Address 1500 Fexederick Rd. Patorias	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" Busial " APR 17 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bnrial, cremation, or removal Which?) [Barial, cremation, or removal Which?] [Barial, cremation, or removal Which?]	Accident, suicide, or homicide
Cometery or crematory Andon Carle	Where did injury occur? (City or town) (Connty) (State)
Lacation Finederick ane Balton	Injured at home, farm, industry, public place (where?)
Enst-11	Means of injury injured at work?
16. Funerat director.	00000
Address 608 to redefick Ave. Catorio	Of flood Johnson
12/20 as W. He Dich	23. SIGNATURE. M. D. or other,
(Date rec'd by registrar)	Address Matana MA Baja signed 12/15/42



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1						
1. PLACE OF DEA	Rollin	ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1515 East Eager Street (If rural, give LOCATION) 2.(a) If veteran, name war. WW II		
	Fort H	oward nits, write RU ays	RAL and give nearest town)			
Veterans	Administra	tion H	osp.,Fort Howard			
3. (a) FULL NAME			DMONDS; Joseph D.		3. (b) Social Security Unknown	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Married Separated				MEDICAL C 20. DATE OF DEATH. December	ERTIFICATION 30 18 47	7 11:05 P
6.(b) Name of husband or wife Selena Edmonds (Sep.)				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22 19. 47 10. December 30 147		
7. Birth date of deceased (mo., day, y 8. AGE: Years		Days 25	If less than one dayhrsmin.	Immediate cause of death Acute Glomerulonephr	ltis	
9. Birthplace 10. Usual occupation 11. Industry or business	Unen		and te)	Due to.		
12. Name	Roger Ed			Other conditions Syphilis, secondary 6 Month		
14. Maiden name Menwila Johnson North Carolina 15. Birthplace				(Include pregnancy within 3 months of death) Misjor findings of operations		
			- Veterans	Autopsy results	hich death should be charged	
Burial (Burial, cremation, Cemetery or cremato	364 000	lry Ce	yland	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide Where did Injury occur?	(County)	(State)
18. Funeral director	Robert I	. Will	iams Street, Balto.,N	Means of Injury	Injured at work?	
19. (Date rec'll by rec	VG	A	W. Hedrick	23. SIGNATURE R. J. SCOTT, M.	D.	or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		2	7
leg Dist	No	2	0

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE OF DEATH DEC 12 1947 21 740 5
T. Birth date of deceased (mo., day, yr.) July 1, 1868 S. AGE: Years Months Days If less than one day	and that I last saw h alive on A 2 0 2 18 44. Immediate cause of death Due to Pale roll 7 2 0 0 7 7 7 10 Due to Due Due to Du
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs. Walter M. Gieske Address 117 Beaumont Ave., Catonsville 17 Burial Date thereof 12-15-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Druid Ridge Location Pikesville, Md. 18. Funeral director Address 3207 W. North Ave. 19. 12/15 1947	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ege is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

WRITE

PLEASE

DEC 15 1917

COPY SENT TO LOCAL REGISTRAR NO. DATE 12/15/47

1 12 - 12 20

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10897 No. 40

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StateMaryland		
How long in hospital or Institution?	Street No		
3, (a) FULL NAME	3. (b) Social Security Number		
CATHERINE S. EICHOLTZ	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white single	MEDICAL CERTIFICATION P 20. DATE OF DEATHDec., 18th		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 4 2 to Dec 1 8 19 4 7 and that I last saw h 12 alive on 20 10 15 17		
deceased (mo., day, yr.) Jan. 6th, 1877	Immediate cause of death DURATION Coference Myocardelis Cages		
s. Birlhplace	Due to.		
12. NameJustus Eicholtz 13. Birthplace Germany	Other conditions		
14. Malden name Margaret M. Spring 15. Rightniage Germany	(Include pregnancy within 3 months of death) Major findings of operations		
Mrs. John W. Amrein Long Green Rd., Glenarm	Aatopsy resalts		
17 bur1al Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory. St. Johns Sweet Air, Md.	Where did Injury occur?		
18. Funeral director Lazahn Funeral Home Address 7401 BeTair Rd. 19. 12/19 (Uate red d by registrar) 1947 Holly Registrar) Registrar	23. SIGNATURE G-M. Bacone M. D. or other Address 3 8 10 Taylor leve . Date signed Date signed Date signed		



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DEC 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		2	state Md. county Beltimor	
City or town Middle River (If outside city or town limits, write RURAL and give nearest town)		mits, write RURAL and give pearest town)		
How long in above place of death?			City or town Middle River (If outside city or town limits, write RURAL and give no	arest town)
	street address where i			
21	6 Middle	River Road	Street No. 216 Middle River Road (If rural, give LOCATION)	
	r Institution?		2.(a) It veteran, name war	
3. (a) FULL NAM	E		3. (b) Social Security	Number
		Robert G. Elliott	213-01-193	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Married	20. DATE OF DEATH December 29 19 47	8 10 A
0 (1) V 1 b b d	Caro	line Elliott	21. I CERTIFY that death occurred on the date above stated; that I attended deci	
			September 3 1947 to clean	u = 19 47
7. Birth date of	•••••		and that I last saw h min alive on Kleenley 9	19 47
deceased (mo., day,	yr.) Janua	ry 4, 1894	Immediais cause of death Carenious of	
8. AGE: Year	Months	Days It less than one day	Stowach	100 11.
53	11	22 ·hrsmin.		
9. Birthplace	Baltimore	Md.county, and atate)	Due to	***************************************
10. Usual occupation.	20,0010	r	Due to	
11. Industry or busines	8			
≦ 12. Name	obert Ell	iott	Dither conditions	* *************************************
12. NameR	Va.			
		772 - 4	(Include pregnancy within 3 months of death)	
HLOW 14. Maiden name		Plater	Major findings of operations	
15. Birthplace	Baltimor	e. Md.	Date of op.	
18 Istanti Mrs	. Carolir	e Elliott	Autopsy results.	
			PHYSICIAN: Please underline the cause to which death should be charged	statistically.
		liver Road	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
17 Buria	, or removal. Which?)	Date thereof	Accident, suicide, or homicide,	
Cemetery or cremate	oryS.t. S.te	phen's Cem.	Where did injury occur?	(State)
Location E.S.S.	ex, Middl	e River. Md.	Injured at home, tarm, Industry, public place (where?)	
		es A. Hemsley	Means of Injury Injured at work?	
	8 W. Bide	- 12	Cast 112000 11	20.
Address Of	11.12	St	23. SIGNATURE PACE WELLE M. D.	or other
19. (Date rec'd by re	gistrar)	a. W. Techech	Address 865 Junelage and Bate signed	12/29/47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARCIN RECERVED FOR BINDING

BALTIMORE	CITY HEA	LTH E	EPARTMEN	T
CERTIF	ICATE.	OF	DEATH	1

MENT	Registered	No. 44
TH //	- 1	neph

1, PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md (b) County Baltimore
(b) Street address Bethlehem Steel-Sparrows Pt. (c) Hospital or institution:	(c) City or town Dundalk-Turner Station (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No
(e) Length of stay in Baltimore (yra., mos., or days)	If yes, name country
3 (a) FULL NAME WILLIE	EVANS
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH December 10 1947, at 3:10 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	
6 (b) Name of husband or wife	Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 1886	to his death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
59hrmin.	homicide [], undetermined [] and that the causes of death were:
9. Birthplace Un Known	IMMEDIATE CAUSE OF DEATH
(Town, county, and state)	Carbon monopele Palsoning
10. Usual Occupation Xaleace	
11. Industry or business	Due to (1-14-148)
12. Name Une Knowe	Due to
13. Birthplace	
14 M.: L. N	Other Conditions.
14. Maiden Name Charles	(Include prognancy within 3 months of death)
₹ 15. Birthplace	
16 (a) Informant Dr. L. Carrier du	22. If an external cause was primary [] or contributing [] cause of
(b) Address & Baltumae and P md	death, fill in the following:
17 (a) Burial (b) Date thereof 12/19/4	(a) Date of injury 12-11-47 at 1.30 P. M.
(Barial, cremation, or removal) (ponth) (day) (year)	(b) Whole did injury cooding
(c) Cemetery or crematory. MA Callulary	(c) Did injury occur at home, on farm, industrial place, in public
Location Location	place? Bethehem Steel While at work? Yes
18 (a) Funeral director Craylewilson	(d) Means of injury 11 upconsciols while Roading brick
(b) Address brokerantlyan	23 Signature MD
1. liela Al Hidelil	Date signed 12-11-47 Medical Examination
(Date rec'd by registrar)	Date signed +

PLEASE

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5400

CERTIFICATE OF DEATH

1000142

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Jallice as	1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City or town	State Mary Carlo County Malletine
	(If outside city or town) (If outside city or town) limits, write RURAL and give nearest town)
How long in above place of death?	
nospital, institution, or street augless where death occurred.	Street No. 1254 Kischer SUE
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William George Fin	ikuar 3. (b) Social Security Number
4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
16. 1 0/1.4 11	1 1 12 12 24/4
Male Mule married	20. DATE OF DEATH December 13 19-7 at 7 A. M.
P:01: 0	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8,(b) Name of husband or wile Auditaria	
6.(c) It alive, give age	Jan 1947, 10, ale 13 194/
7 Diale date of	and that I last saw h. 1991 alive on LOCR to 19.4.7
deceased (mo., day, yr.) Upril 12t 1881	Immediai- cause of death
8. AGE: Years Months Days It tess than one day	Gliniar D Brain 14m.
6/ 8 12 - hrs. min.	
66 / / Lmin.	
9. Birthplace	The to
10. Usual occupation Dany-Man - Reliable	Due to.
11. Industry or business level Business	
El De Gein Warre	
E // A . H.	Dther conditions
13. Birthpiace / Sallelle ore led.	(Include pregnancy within 3 months of death)
14. Maiden name 6 ligaleth Bimouls 15. Birthplace Baltinger Much	
E D Co-t	Major findings of operations Llana & Brain
E 15. Birthplace Calling	Date of op 7.207.20,1791
16 interform tillians P. timkner	Anjonsy results
16. Informatile Alle Calle And Alle Calle And Alle Calle And Alle Calle And Alle Calle Cal	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
Address / 205 of Lengley Cles. albert	
12 .: 1 Acai 17 1/7	72. VIOLENCE: If death was due to external causes, Itil in the lollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, which)	
Cemetery or crematory	Where did Injury occur?
Balting Whil	Injured at home, farm, Industry, public place (where?)
Location Additional Language Control Location Additional Language Control	
18. Funeral director F. D. Stephent Tom	Means of Injury Injured at work?
16. Funeral director.	y b
Address 1000 Ellaw Place -17	Carl Page NGO.
112-15-117 1121	23 SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10902 Dist. No. 44

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn, incots give residence of mother) State
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Simple, married, willowed, or stronged	
4. Sex S. Color or race S. Coloringte, Indirect, willowed or attered Manuel	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 7 1847 at 5:30 P. M.
6.(6) Name of head of or the state of the st	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 045-1869	and that I last saw halive on
8. AGE: Years Mooths Days If lees that one day Days If lees that one day	Immediate cause of death OURAHON 2 has
9. Birthplace	Due to Hypertina to All Mariana
11. Industry or business OVIVIL	Due to
12. Name Tolent Owens 13. Birthpiace Vinguina	Other conditions.
# 14. Maiden name March Eliz Roans	(Ioclude pregnancy within 8 mooths of death)
15. Birthpiaco	Major findings of operations.
16. Informant My Angle Scatt	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, 1111 in the following:
(Burial, cremation, or removal, Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Marketing California	Where did isjury occur?
Location CL CL, Co. Moli	Injured at home, 1arm, lodustry, public place (where?)
18. Funeral director Language Turillieums	Means of Injury injured of work?
Address 1515 my Elderry 44	23. SIGNATURE THE MOOMEN M. D. or other
19. Date rec'd by registrar	Address Junes Star Dodogned 2/2/47

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	1 450	.60	
P	- 1	£	1
De.	1.7	-	

CERTIFICATE OF DEATH

10903 Reg. Diat. No. 43

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Raspeburg (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md. County Balto. City or town. Raspeburg (if outside city or town fimits, write RURAL and give nearest town) Street No. 602 Elmwood Road (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
HERBERT E. FRANCIS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	2D. DATE DF DEATH December 17th, 19 47 32:52P. N		
6.(b) Name of husband or wife Carrie O. Beall 7. Birth date of deceased (mo., day, yr.) March 2nd, 1884	21. I CERTIFY-that death occurred on the date above stated; that Lattended deceased from 19. 10. 11. 10. 11. 11. 11. 11. 11. 11. 11		
8. AGE: Years Months Days If less than one day 63 9 15 hrs.	min. Church Barbelloss Maple		
9. BirthplaceBaltoCoMd. 10. Usual occupation	Due to Caruly the Antery Other conditions Anternate Sus		
14. Maiden name Emma V. Herry 15. Birthplace Balto. Co., Md. 16. Informant Mrs. H. E. Francis Address 602 Elmwood Rd., Balto.6, Md.	Major hodiogs of operations and the Company of the Company results. Actorsy results. PHYSICIAN: Please underline the cause to which death about be charged statistically.		
17 burial 18 (Burial, cremetion, or removal, Which?) Cemetery or crematory Camp Chapel Location Balto. Co., Mide. 18. Funeral director. Address 7401 Belair Road 19. War 19 19 47 Saps 9. h. Reybour Rog (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

RECUTY 6(0)
DEC 27 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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NFADING INK. Supply every item of information carefully it. Physicians: please write the causes of death clearly and

WRITE

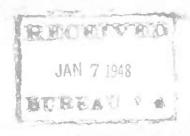
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CERTIFICAT	Reg. Dist. No.	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
San Mr. Francis	1)	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female white Widow	MEDICAL CERTIFICATION 2D. DATE DE DEATH DECLEMBER 18 45 19 45 19 16 19 19 19 19 19 19 19 19 19 19 19 19 19	48 N
6.(6) Name of husband or wife. Samuel G. Francis. 7. Birth date of September 13. 1862	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 4. 10. 4. 2. 7. 19. and that I last saw h. 4 alive on	47
deceased (mo., day, yr.) December 15 16 16 16 16 16 16 16	Immediate cause of death Myrcaratts. acuts 3 d	1
9. Birthplace Baltimon Co. M	Due to artirisollists 10 g	60
1D. Usual occupation	Due to my Caralles Chronic 24	Jus.
11. Industry or business 12. Name Washington Sherman 13. Birthplace Belttmore Co., md.	Other conditions	
14. Maiden name Clanua Van Hami 15. Birthplace Doulestown, Par	(Include pregnancy within 3 months of death) Majur fiudings of operations	
2 15. Birthplace Doublestown, Ca.	Date of op.	
16. Informant Mus Friederick & Luffy	Autupsy results	
Address 6732 Woodley Word, Sundalk 17. Burlal Date thereof D. R. 31, 1947. (Burlal, cremation, or removal, Whigh?) (Burlal, cremation, or removal, Whigh?)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Burinl, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur?	
Location Woodlawn, Balto Co., Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of injury injured at work?	
Address 21/2 Gundalk ave.	23. SIGNATURE Cavra / - Audilio M	10
19. (Date ree'd by registyar) Registrar	Address 2 Kurship M Mundalk Mid M. D. or other Date signed 12/3	0/47



VS A15



Dr. Harding

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10905 Reg. Dist. No.

870

1. PLACE OF DEATH: Overlea		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County	***************************************	Stale Maryland Cou		
City or town. Balt imore (If outside city or town limits, write RURAL and give nearest town)		Poltimo no		
How long in above place of death?		City or town		rest town)
Hospital, Institution, or street address where death occurred:		Street No. 4404 Cooke Avenue		
7422 Brookwood Road		(If rural, give	LOCATION)	
How long in hospital or Institution?		2.(a) If veteran, name war.		
3.(a) FULL NAME Theres	a K. Frank		3. (b) Social Security 1	Yumber
4. Sex 5. Color or race 6.(a) Single, mar	rried, widowed, or divorced	MEDICAL CI	ERTIFICATION	
	i dowed		27 1947	al
6.(b) Name of husband or wife	John	21. I CERTIFY that death occurred on the date abo	ve staled; that I attended decea	sed from
7. Birth date of Dec. 21. 18	aliuo giva age vears	YM & Ly 19.		
7. Birth date of Dec. 21, 18	91	and that I last saw han alive on	1.2.4	
deceased (mo., day. yr.) 8. AGE: Years Months Days	t less than one day	Immediate cause of death		DURATION
o. AGE:	hrs. min.	Current + acti		Hours.
	1.		***************************************	*******************
9. Birthplaca Baltimore, Md)	Cuebro Spiral	3 cleania	34000
10. Usual occupation at home				Julia
		Due to	**************************************	***************************************
11. Industry or business 12. Name John L. Butt				
1/2	***************************************	Other conditions		******************
		(Include pregnancy within 3 :	months of death)	
E 14. Maiden name Theresa K.		Major findings of operations	***************************************	
14. Malden name Theresa K. 15. Birthplace Md.		Trajor tradego os operaciones		
Mrs. Katherine F	Polly	Autopsy results.		
7422 Brookwood F	***************************************	PHYSICIAN: Please underline the couse to w	hich death should be cherged	statisticolly.
	70 70 477	22. VIOLENCE: If death was due to external cau	ises, fill in the following;	
Burial (Burial, eremation, or removal. Which?) Date thereof	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	Redeemer	Where did injury occur?(City or town)		
Cemetery or crematory				
Location Baltimore		Injured at home, farm, Industry, public place (w		
18. Funeral director. Leonard J.	• Ruck	Means of Injury	Injured at work?	
Address 5305 Harford Ros		S Otas da	ug	
12/30 47	MB.	23. SIGNATURE	M. D.	or other /
19. 12/30 (Date reed by registrar)	Registrar	Address 380 5 Belois P	Date signed	729/47

31 31 11 150 the tunners office? The state of DEC, 31 1947 SERENCE VE

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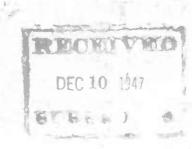
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10906

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new born infagts give residence of mother)
County	me.
City or town	State County
How long In above place of death?	City or town
modital, institution, or street diffess where teath occurred;	35 Someon sof Mand.
atherine Past pursing Home Casef	Street No. (If rural, give LOCATION)
How long to hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
China II. Treem	an
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale W. Widow	20. DATE OF DEATH 12/6/47.
5(h) Hame of husband or wife Late Marion Freeman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife A. W. C.	November 4 1945 10 Dec. 62 1947
6.(c) If alive, give ageyears	and that I last saw h.s.c. alive on Dec 5 19451
7. Birth date of deceased (mo., day, yr.) Lec . 19, 1877,	
8. AGE: Years Months Days It less than one day	
69 11 19hrsmin.	(1) - arion
	History Land
9. Birthplace	Due to
0 7/ (.)	
10. Usual occupation.	Oue to
11, Industry or business	
12. Name James Law 13. Birtholace Freland	Other conditions - Omniber - Communa 3dags
M Champite	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace Dela Ind	Major findings of operations.
≥ 15. Birthplace relative	Date of op.
16. Informant Herbert W. Freeman	Autopsy results
Address 25 Somerset Old.	
17 Burial Date thereof blee. 9/47.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or reproval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Soulon UK.	Where did injury occur?
3801 - Frederick Rd.	Injured at home, farm, Industry, public place (where?)
Location	Maans of Injury Injured at work?
18. Funeral director Havy H. augst	
Address 4101 Edmondson aug.	23. SIGNATURE fail L. Chambers. M.D.
1. 12-847 10 Tras nichal	M. D. or other
(Date rec'd by registrer) Registrar	Address 4.108 Liberty the TWE Date signed Dac 8/41



a decembrance (A)

FOR PRICHAR

הימכומים ישרת מנוקפמחרני ומחפינות.

VS. A15

BALTIMORE C	ITY HEAD	LTH D	EPARTMEN	T
CERTIFIC	CATE	OF	DEATH	13/00

Registered N	lo
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I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED					
(a) Baltimore City, Maryland muselle Three	(a) State Md. (b) County 10907					
(b) Street address Box#331, Route 13, (c) Hospital or institution:	(c) City or town Baltimore - 21 - Md.					
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If outside city or town limits, write RURAL and give town) (d) Street No. Box #331, Route #13 (If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country					
3 (a) FULL NAME Josephine Arma Fuller	THIS TO PERSON TO SECURE A SECUR A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECU	et da line				
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 12/2/47 19	at /233 M				
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married	21. I certify that death occurred on the date above states	d; that I attend-				
6 (b) Name of husband or WK William E. Fuller	and that I last saw h.c. alive on 12/4 19					
6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb. 22, 1891	Immediate cause of death.	Duration				
8. AGE: Years Months Days If less than one day		<i>y.</i> F. A.				
56 hr. min.	Due to					
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual Occupation Housewife	Due to					
II. Industry or business	Other Conditions	2 4 18				
12. Name Svehla 13. Birthplace Wulmous	(Include pregnancy within 3 months of death) Date of operation	PHYSICIAN Underline the				
14. Maiden Name	Major findings of operation:	cause to which death should be charged statis-				
15. Birthplace	of autopsy:	tically.				
16 (a) Informant William E. Fuller - nusband	22. If death was due to external causes, fill in the fol					
(b) Address Box331, Route 13, Baltimore, Md.	(a) Accident, suicide, or homicide					
17 (a) Burial (b) Date thereof 12/13/47 (month) (day) (year)	(c) Where did injury occur?	***************************************				
(c) Cemetery or carry Oak Lawn	(City or town) (Count (d) Did injury occur about home, on farm, industrial p	(State)				
Location Eastern Ave. Rd. Baltimore, Md.	place?	?				
18 (a) Funeral director Charles E. Schimunek						
(b) Address 2601-3-5 E. Madison Street 19 (a) (-47 (b) G W. Heller	(e) Means of injury 23. Signature	M. D. ed /2/9/4				

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL HAME TUROU	3. (b) Social Security Number 219-183-175
4. Sex 5. Color or face 6.(a)Single, married, widowed, or divorced	20. DATE OF DEATH SU. 17 20. DATE OF DEATH SU. 17 20.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
9. Birthplace	Due ten Due to the conditions
12. Name	(Include pregnancy within 3 months of death)
HUN 14. Maiden name 15. Birthplace	Major findings of operations.
16. Informant	Autopsy results
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	Meens of injury this across back forjured at work? Mes
Address 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE D. Z. amus Cy. D. or ong
19. (Date rec'd by registrar) Registra	Address Date signed Date signed

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and FOR BINDING MARGIN RESERVED

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WRITE

PLEASE

VS A15

According to	Dr.	Ensor th	he	
definite age				
1/16/48 dm			2411 N. Charles St., Baltimore	,

CERTIFICATE OF DEATH

1	09	()	9,	7
200	Dist	No	3	/

ODITI TOAT	L OI BLAIII	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give realdence of z	DECEASED:
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland Court	ata w
How long in above place of death?	(If outside city or town limits.	, write RURAL and give nearest town)
Baltimore Country Home	Street No(If rural, give)	
How tong in hospitat or institution?	2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••••••••
3. (a) FULL NAME George Gaither		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Ingle, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male col	20. DATE OF DEATH Lecent	ev 12 19 4) 11 8 20 AN
S.(c) Name of husband or wife Mus & line Holling Haither S.(c) If alive, give age years	21. I CERTIFY that death occurred on the date abov	
7 Right date of 36	and that I last saw halive on	Dei 11 1947
deceased (mo., day, yr.) MW. IV, 1869	Immediate cause death	DURATION
8. AGE: Years Months Days If less than one day	Cerebral 10	mor- 9mo.
9 Rietholace Mary land	Rue to	***************************************
(Town, connty, and state)	***************************************	
10. 98021 Occupation.	Due to	
11. Industry or business		
12. Name. & Man Sulhes 13. Birthplace Many land	Other conditions	rest -
MI My + · AM	(lnclnde pregnancy within 8 m	ontha of death)
14. Maiden name Marchael 15. Birthplace Maryland	Major findings of operations	
18. Informant Mrs Rand Saither	Autopsy results	Bate of op.
Address Randellstown Md.	PHYSICIAN: Please underline the cause to whi	ch death shenid he charged statistically.
17. Burish Bate thereof Sec 14-1947 (Borial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of
Cometery or crematory	Where did injury occur?(City or town)	(Coonty) (State)
Location Johnsville Ma-	Injured at home, farm, industry, poblic place (whe	
18. Funeral director flowing in the	Means of Injury	Injured at work?
Address Sylvanille Md.	23. SIGNATURE L'Almes	O. Own M.D
19. Dec. 12 19.47 Way Jakelon	Coopysvill	M. D. or other



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WILMER C. ENSOR, M. D.

COCKEYSVILLE, MARYLAND
PHONE, COCKEYSVILLE 9 REG. No. 2564 PATIENT'S ADDRESS NAME To whom it may concered that

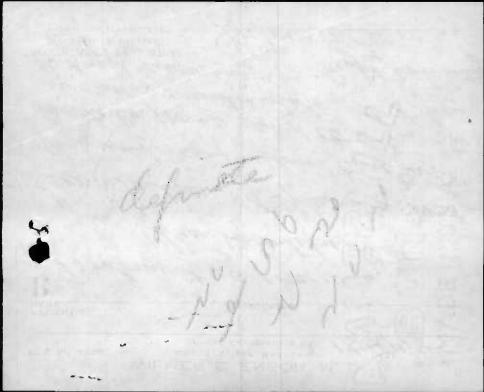
Merety certify that Leo. Gaither - J Sphemille Ind -Was under my medical care at Batto. Co. Home. and that he was in such a muntal state. that he Aid not know his age - Resht. Submitted

SENCINDIVER'S DRUG STORE

COCKEYSVILLE MADVE.

COCKEYSVILLE. MARYLAND
PHONE, COCKEYSVILLE 93

M.D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infant) give relidence of mother) State
City or town(If outside city or town limits, write RURAL and give nearly: town) How long in above place of death?	Cily or town
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Than L.	Sarutt 3. (b) Social Security Number
Lebele Colorer (3. (a) Single, mirried, widered, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Curg. 10, 179	and that I last saw h
8. AGE: Years Months Days If less than one daymin.	vacular, with cornary occlision 12/11/47
9. Birthplace	Due to
10. Usual occupation	Due to
12. Name January Sentley hul.	Other conditions
14. Maiden name Harsind Co. Bul.	(Include pregnancy within 8 months of death)
2 15 prihplace Hargingal Cs. Mrs.	
16 prices Bestie f. Garrell	Antopsy results
Address 17. Gurial, cremation, or remand Mich? (Burial, cremation, or remand Mich?) Daie thereof Le. 14, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory M.A. GLON	Where did injury occur? (City or town) (County) (State) Injured at home farm, industry, public place (where?)
18. Funeral directifications and the state of the state o	Means of Injury Mayed at work?
Address / 63/ Driver Trill Grand	23. SIGNATURE Solin C. Judga W. D. O.
19. (Date rec'd by registrar)	Address Toward M. Date signed 12 141 42

MARGIN RESERVED FOR BINDING

PLEASE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

109144 Reg. Dist. No. 444

83n

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Dalumo	re Z	D-	state Maryland county Baltimore
City or town(If	outside city or town	limits, write	RURAL and give nearest town)	
How long in above place	ce of death?	rears	5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution,	or street address where	death occurre	d:	Street No. North Point Road and Wise Ave.
				(If rural, give LOCATION)
How long in hospital	or Institution?			2.(a) If veteran, name war
3. (a) FULL NAM	ME		,	3. (b) Social Security Number
			ANNA GAWLIK	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Man	rried	20, DATE OF DEATH Dec 17 19.47 at 7 P. N
		1		
8.(b) Name of husban	nd or wife	mer Ga	wlik	21. I CERTIFY that death occurred on the date above stated; that 13 tended deceased from
***************************************		6.	(c) If allve, give ageyears	
7. Birth date of deceased (mo., day	Novem	ber 24.	1882	and that I last saw harman alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Yea		Days	If less than one day	Immediate care of death DURATION
65	0	13	hrs min.	
	Cormonic			a sersola man
9. Birthplace	Germany (Town	, county, and	state)	Que 10.
10. Usual occupation	Domes	tic		
11. Industry or busing				Due to
		d Kaah		
E				Other conditions
	Germany	/		(Include pregnancy within 3 months of death)
H 14. Maiden nam	e Mary	(Unkno	own.)	Major findings of operations
15. Birthplace	Germany			Date of op.
18 Informant	Cazmer Gaw	lik		Autopsy results.
			and Wise Ave.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following;
Buri	al. on, or removal. Which	Date the	reof	Accident, suicide, or homicide
	atory Oak L			Where did injury occur?
				Injured at home, farm, Industry, public place (where?)
				Means of injury Injured at work?
18. Funeral director	Lilly a	nd Zei	Ler, Inc.	modified in the state of the st
Address 10	3 S. Wolfe	St.	Balto, 31, Md.	This V. huyha The
7) = -	10 110	V	1 delica	23. SIGNATURE M. D. or other
19. Crate rec'd by	registrar)	- A.	Registrar	Address 323 Hanful d RD Dato signed 12/18/4

DR. DHUIS MCGRATH
7223 HARFORD RD.
RES. CLIFTON 4155
OFF. CLIFTON 4812

RESERVED

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat.	No	3	8

(State)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) information carefully. The of death clearly and legibly (If outside city or town limits, write RURAL and give nearest town How long in above place of death?.. Nospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i deceased (mo., day, yr.) Supply It less than one day 8. AGE: a ADING INK.
Physicians: 1 tD. Usual occupation. tt. Industry or busines: important, (Include pregnancy within 3 months of death) t 4. Maiden na WITH PLAINLY, is especially PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, sulcide, or homicide..... (Burial, cremation, or removal Where did injury occur? WRITE (City or town) (County) injured at home, farm, industry, public ptace (where?) Means of Injury Injured at work? PLEASE 18. Funeral director-Address M. D. or other Address Jourson of Registrar Date signed (Dato rec' by registrar)

FOR BINDING MARGIN RESERVED

age

1. PLACE OF DEATH;

correct

information carefully. The

1. PLACE OF DEATH

How long in hospital or Institution?....

3. (a) FULL NAME

Address

18. Funeral director

(Date rec'd by registrar)

Address

(Burial, eremation, or removal. Which?)

How long In above piace of death?.... Hospital, Institution, or street address where death opcurred:

WRITE PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

2. USUA	L RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother)
State	7233 County Della
City er tow	(If outside city or town limits, write RURAL and give nearest town)
Street No	11 Reverselle Diese
	(TR 1 -I T ()(TA (TP()))

	11	
	2.0	(a)
-		

3. (b) Social Security Number

Reg. Dist. No......

6.(b) Name of hust	and or w	ie /2/-)	Eng.	Gray	
		1	6.6	c) If alive, give age 5	yea
7. Birth date ot deceased (mo., t	lay, yr.)	Circy	3/-	1891	
8. AGE:	lears	Months /	Days	tf tess than one day	
400	6	4	7	hrs.	mi
9. Birthplace		Dell Town,	eounty, and	state)	
1D. Usual occupat	lon	Jones	1211-1	4	
11. Industry or bus	iness	Cet	nett,	vol-	
当 12. Name		ed t	Alected South		
12. Name		630	ello		

(If outside city or town limits, write RURAL and give nearest town)

2 19 4	above stated; that attended decease	December
18	Dec 21	d that I last saw h. L. alive on
DURATION		mediate cause of geath
	marry	Carelo-ref
3 day		failure
	yeel	e la Jenezali
6 ma	1	metantany
1.5 000	na cerrix	e to Carcenos
10/114		where
		her conditions
••••	3 months of death)	her conditions

		(include programmy		
Major	findings	of operations		
		Date	of	op

PHYSICIAN: Plesse underline the cause to which desth should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide.....

Where did injury occur?(City or town)

injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE.



WRITE

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MARYLAND STAT	TE DEPA	RTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH	*******
1. PLACE OF DEATH: Counly Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospilal, Instilution, or street address where death occurred: Vets Adm. Hosp., Fort Howard, Md. How long in hospital or institution? 20 Days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State)
JOHN D. GRAY		
4. Sex Male Scolor or race Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 13, 19, 47, 14, 14, 1	0 P
6.(b) Namo of his band of wife Rebecca Gray 6.(c) If allve, give age 52 year deceased (mo., day, yr.) 7. Birth dato of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than ooe day	Immediate cause ul death Cardiac dilatation and Hypertrophy ?	9.117 9.117
62 2 1	Due to Coronary Arteriosclerosis ?	
12. Name Robert Gray 13. Birthplace Maryland	Dther conditions Arteriesclerosis, general- ? ized (Include pregnancy within 3 months of death)	
14. Maiden name Ella Boyd 15. Birthplace Maryland	(Include pregnancy within 3 months of denth) Major findings of operations. Date of op.	
16. Informant Clinical Records, Vets. Adm. Hosp Address Fort Howard, Md. 17. Burial (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Autopsy results Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically	у.
Cemetery or crematory Baltimore National Cometery		
Location Baltimore, Maryland		*****************
18. Funeral director William Cook Address St. Paul at Preston St., Balto., Md. 19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE Address VAH Fort Howard, Md. Date signed	V.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

PLEASE WRITE

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

10916

	neg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stata County City or town		
3. (a) FULL NAME Elizabeth. C.	3. (b) Social Security Number		
4. Sax 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH December 27 1947 at 1:30 A. M		
8.(b) Name of husband or wife	and that I last saw have alive on 1972		
8. AGE: Yaara Months Days It lass than one dayhrsmin.	Carlis - Pascular - Panul Ausan		
9. Birthplace	Due to		
12. Name 12. Name 13. Birthplaca 14. Maiden nama 15. August 15. Name 15. August 16. Augu	Other conditions		
14. Maiden nama 15. Birthplaca 16. Intormant	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Data thereof. (month) (day) (year)	22. VIOLENCE: If daath was due to external causas, fill in the following: Accident, suicide, or homicide		
Cemetery or cramatory Location	Injurad at home, farm, Industry, public place (where?)		
Addrass 443 Control 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE James Fellite, M. 4. Addrass 422 Eastern Das. Bolto 21, M.D. or other Date signad. 14/29/47		

DEC 29 1947

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10917

CERTIFICATE OF DEATH

Reg. Diat. No. 44

			CERTIFICA	IE OF DEATH	Reg. Dist. No	7
1. PLACE OF DE	ATH: Balt	imore		2. USUAL RESIDENCE (HOME) OF I	DECEASED:	
City or town. Middle River, Md. (If outside city or town limits, write RURAL and give nearest town)				state Maryland county Baltimore		
How long in above place of death? 44 years			• s	City or town		
nospital, institution, of officer and comments.				Sireet No. 1133 Orems Road (If rural, give LOCATION)		
How long in hospital or			***************************************	2.(a) If veteran, name war	••••••	
3. (a) FULL NAM	MARGARE	r A. (REEN		3. (b) Social Security N	lumber
female	5. Color or race white	6.(a)Single	e, married, widowed, or divorced W1dowed	MEDICAL CER		at 7 : 40 P
6.(b) Name of husband 7. Birth date of deceased (mo., day,)	•••••	mes E	Green Of alive, give age years	21. I CERTIFY that death occurred on the date above	stated; that I attended decease to the learning to the contract of the contrac	sed from - 2/ 19 47
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death. Charles and		DURATION
74	6	18	hrs min.			
	Balti Town,		Md.	Due to Agreetenine politic		
tt. Industry or busines				Due to		*****************
12. Name		raham more,	Md.	Dither conditions Telemental Base		24 hrs
14. Maiden name.	Louise	Frank		(Include pregnancy within 3 months of death) Major fiedings of operations.		
X t5. Birthplace	Germs	iny		Major Boungs of Option		
	Miss Ethe			Actopsy results	death should be charged s	tatistically.
17 burial (Burial, cremation	or removal. Which?	Date there	month) (day) (year) Methodist	22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	(County)	(State)
Cooling Internation		- Fus	real Home	Means of Injury	Injured at work?	
19. (Date rec'd by re	7401 23 19 47	h	. W. Hedrich	23. SIGNATURE JOEK WIRL	M. D. or	

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3	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The con-	int. Physicians: please write the causes of death clearly and legiony
k binding	very item of	e the causes
THREIN RESERVED FOR BINDING	C. Supply ev	please write
KGIN KESI	ADING INF	Physicians:
D	WITH UNF	is especially important.
0	PLAINLY,	s especially
VS A15 9.45-15	WRITE	0.7
VS A15	PLEASE	

conversation with Dr. Rohn	TE OF DEATH Reg. Dist. No.	
ounty. BALTIMORE Ounty. BALTIMORE (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State	
(a) FULL NAME A D O L F K. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced	GUNTHER 3. (b) Social Security Number MEDICAL CERTIFICATION	
MALE WHITE MARRIED (b) Name of husband or wile DAISY T (GAKEN) SACOBS	2D. DATE DF DEATH	
Birth date of deceased (mo., day, yr.) AM. 24 /874 AGE: Years Months Days If less than one day /73 72 10 27 hrs. min. Birthplace GERMANY 12. Name GUNTHER 13. Birthplace GERMANY	and that I last saw hour alive on 19. Immediate cause of death DURAT Due to Due to Diher conditions (Include pregnancy within 3 months of death)	
14. Maiden name PAULING 15. Birthplace GERMANY 16. Informant MRS ADOLF K GUNTHER	Major findings of operations	
Address // WAELCHLI AUE - ARBUTUS 11 BURIAL Date thereof DEC. 29,1997 (Burial, cremation, or removal, Which?) Cemetery or crematory WESTERN EDAGO AUD SO AUD SO AUD SE THORSE 100 20	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director Hany H Witzle Address 4101 Elmondes an	Maans of Injury Maans of Injury Injured at work? Injured at work?	

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

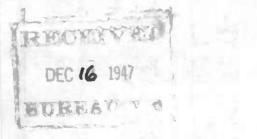
10919

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH Softman	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Mil County Dollo	
City or town	6	
How long in above place of death?	City or town	
Hospital, Institution, or street address where death occurred;	Street No. 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12	
125 Kiver selle Kill	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Elizabeth G	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
-/ 21	20. DATE OF DEATH 100 C 13 tt 19 47 at 2100 P	
Millian to Toutherin	21. I CERTIFY that death occurred on the date above stated: That Lattended deceased from	
6.(b) Name of husband or wife	January 19.46 to Rec. 13 1947	
7. Birth dato of 7 7 7 8 7 7 8 7 7 9 7 9 7 9 7 9 7 9 7 9	and that I last saw held alive on Hee 1.3 19.47	
deceased (mo., day, yr.) fam	Immediate cause of death	
8. AGE: Years Months Days If less than one day		
hrsmin.	arterio plesare Cardea 300.	
9. Birthplace (Town, county, and state)	Due to Pascules - Reval Pleasant	
x+0.10.10		
1D. Usual occupation.	Due to	
11. Industry or business		
12. Namo Charles Chel	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations.	
S 15. Birthplace	Date of op.	
16. Informant Jun Grand Bobart	Antonay results WO	
Address 125 Russoule Rd	PHYSICIAN: Please anderline the casse to which death about he charged statistically.	
B 10-16-47	22. VIOLENCE: If death was due to external causes, fill in the following:	
17	Accident, suicide, or homicide	
Cometery or crematory Coak Laun	Whers did injury occur?	
Enterno Cest	Injured at home, farm, Industry, public place (where?)	
Location	Means of injury Injured at work?	
18. Funeral director		
Address 4'S Enterny Chit	23. SIGNATURE James Herrit, M. C.	
19. (Date rec'd by registrar) 18. Registrar	M. D. or other	
(Date rec'd by registrar) Registrar	Address 7. Bato signed.	





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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10920

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		0211111011		Reg. Dist. No	***************************************
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	OF DECEASED:	
County		State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		arest town)	
How long in hospital or	Institution? 30 L	ays	2.(a) If veteran, name war	V	******************
3. (a) FULL NAME		ES F. HARDESTY 6.(a) Single, married, widowed, or divorced		3. (b) Social Security 218-26-4581	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL C. 20. DATE DF DEATH December 31	ERTIFICATION	
7. Birth date of deceased (mo., day, years	r.) 1-7-189	Days If less than one day	and that I last saw h im allve on Dec	47December ember 31,	31, 1947 1947 DURATION 1 year
9. Birthplace	rince Fred (Town. Unemploy	24 hrsmin. erick, Maryland county, and state) ed	Metastatic to left ki		•
12. Name Char 13. Birthplace	rles Harde Maryland	sty d		ft lung due months of death)	4
	nical Reco	rds, Vets. Adm. Hosp.	Autopsy results. Substantiated PHYSICIAN: Please underline the cause to w	above.	***************************************
17. Burial (Burial, cremation, Cemetery or cremator Location	Baltimor	re National Cemetery re, Maryland	22. VIOLENCE: If death was due fo external car Accident, suicide, or homicide	Date of	(State)
18. Funeral director Address 19	Howard I	Blight, Funeral Home Blair Rd., Balto., Md.	23. SIGNATURE C.E. SHAW, M.D. Address. V.A.H. FORT HOWA	Injured at work? M. D. RD. MD Date signed.	or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10921	
TW. 7 30	7
Reg. Diat. No.	

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Catonsville 28, Maryland (If outside city or town limits, write RURAL and give nearest town)			
	City or town		
How long in above place of death?			
Spring Grove State Hospital	Street No. 2011 Roanoke Street (If rural, give LOCATION)		
How long In hospital or Institution? 12 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Amy Handing 4. Sex 5. Color or race 6. (c) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. December 11 1947 8:35 &		
8.(b) Name of husband or wite William Harding	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 29 19 17 to December 11 19 17		
7. Birth date of	and that I last saw h.er. alive on December 17 19 47		
deceased (mo., day, yr.) November 5, 1873	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Myocardial failure (acute) 15 mint 2 days		
9. Birthplace Charles County Maryland (Town, county, and state)	Due to		
10. Usual occupation Former housewife			
7	Oue to		
11. 11.			
	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Ellen Mathoney. 15. Birthpiace Maryland	Major findings of operations		
15. Birthplace Maryland	Date of op.		
16. Informant Hospital records	Antopsy results		
Address Spring Grove State Hospital 17. Bu.R.A. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory 65d Fiesds	Where did Injury occur? (City or town) (County) (State)		
Location Hughesville md	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)		
	Means of injury Injured at work?		
18. Funeral director ESMER M. QUAde	Goods July		
Address Hughesvillemd.	23. SIGNATURE Isadope Tuerk, M.D. M.D. or other		
19. 12-12 19. 47 Julia H. Vasari (Date rec'd by registrar) Registrar			
19. 12 - 12 (Date rec'd by registrar) 19. 47 Julea H. Mary Registrar	Address Spring Grove State Hosp Date signed Dec. 11		

DEC 15 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLIXIIII	Reg. Diat. No.	****
County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (Fig. ngwborn infirts give risidence of mother) State	
3. (a) FULL NAME Sesse Salbert Ha	3. (b) Social Security Number 52°0345-804	
4. Sex 5. (old by race 6.(α) Angle, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH. 19.47 21.645	50.
6.(6) Name of husband or wife Barbara Mae 6.(c) If alive, give age	21. 1 CERTIFY that death od urred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	and that I last saw h	101
9. Birthplace Dal 1907, county, and state)	Due to	
10. Usual occupation	Due to	
12. Name Major X Harris 13. Birthplace Ta	Other conditions	
14. Maiden name Mary Elizabeth	Major fiedings of operations	
16. Informations Darbara m. Star	Actorsy resolts	
17. (Burial, cremation, or removal. White) Bate thereof (monyn) (dag) (yet		
Cemetery or crematory October Design Control of Control	Where did injury occur? (City or town) (County) (State) Injured at home. farm, industry, public place (where?)	
18. Funeral director Address 5.30.5 Market Lood	Rollin & Aulan MD. 7)/47
12/30 147 / a-MBac	23. SIGNATURE M. D. or other M. D. or other agristrar Address Bate signed 12/24.	47

Registrar Address.....

BINDING FOR RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1092

CERTIFICATE OF DEATH

30

 / :		
J. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn in figure give residence of mother)	
County	State Md. & County Battisaid	
(If outside city or town limits, write RURAL and give nearest town)	0 + ://0	
How long in above place ot death?	(If outside city or town, limites write RURAL and give nearest town)	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) tf veteran, neme war	
3. (a) FULL NAME	3. (b) Social Security Number	
Salmond pe	lan Harris	
4. Sex 5. Color or rage 6.(a) Single Married, widowed, or diverged	MEDICAL CERTIFICATION	
male Colored Deverced	20. DATE OF DEATH. ALLO ALLO ALLO ALLO ALLO ALLO ALLO ALL	
6.(b) Name of husband or wife. Madeline R.	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
	19. 19. 10. 10. 10. 11. 11. 11. 11. 11. 11. 11	
7. Birth date of deceased (mo., day, yr.) Wee. 22. 1907	and that I last/saw harman alive on 19.4	
8. AGE: Years Months Days It less than one day	Immediate the of death OURATION 12 WAT	
40 0 min.		
9. 81 thptace Calmerelle ped.	Due to	
10. Usual occupation. Charles Season		
	Due to	
11. Industry or business	Name of the state	
12. Name Daniel Hages 13. Birthplace Catensville, bul	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name Mary fossity 15. Birthplace Charlottlesville	Major findings of operations.	
To totale 1 1 1 1 1 1 1		
18. Informant Man.	Antopsy results	
Address Sulle Clat	22. VIOLENCE: It death was due to external causes, fill in the following;	
17. (Burlal, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Alexander Star	Where did Injury occur?	
Location Catinsville, md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Thus Course A Hall	Means of Injury tnjured at work?	
Address 1631 Druid Sill Que.	Here Vand L.	
116 0000000	23. SIGNATURE M. D. og other	
19. (Date work by registres) 1944 U W. Hedrich	26K/M 6 102 1101 1 Pate almost 124/2 1965	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

10924 Reg. Dist. No. 36

CERTIFICATE O	F D	EATH
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	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
nty Dasta, Ca	(For newborn infants give residence of mother)	
or town Catrusville	State County datto	
(If outside city or town limits, write RURAL NEAR and give town) address, hospital, or institution:	City or town Catousulles 28	Ward No
address, nospital, or institution:	(If outside city or town limits, write RURAL NEAR and	give town)
	Street No. Trederick Cd.	
in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
ay In this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
(a) FULL NAME	3. (b) Social Secur	rity Number
P. 1. P. 10. 11. Itual 4	Cast	
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
14 11	MEDICAL CERTIFICATION	30
It w widowed	2D. DATE DF DEATH LOC 20 19	47, at 2 PM
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
	Dec 20 1947 to Dec 2	
years 7. Birth date of	and that I last saw h LR alive on Rec 20	
deceased (mo., day, yr.) Phase 8 1861	and that I last saw in _box = allow on _cess =	1
AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
86 Instruction	Meant block	2 days
2/2 - 1/	A. T	
3. Birihplace (Town, county, and state)	Due to Aktorio SlonoTIC	77
O. Usual occupation	Capalio vascular diseas	& Unevers
1 + 1	Due to Senosalizad, Senece	
1. Industry or business selected	- allerio silenons	
12. Name Pless gotheline 13. Birthplace	Dther conditions	luppour
13. Birthplace		
1 1 2 6 6 1 1 7 2 20	(Include pregnancy within 3 months of death)	
14. Maiden named of the forther	Major findings:	PHYSICIAN
14. Maiden named aschning form	Of operations	Please underline
and they to see		death should be
6. Informant 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	06 autom 2	charged statisti- cally.
Address albusull /// .	Of autopsy -	
" Trusial 12/12/4:	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, eremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of	
Cemetery or cremator Cope scoped Complete	Where did injury occur?	
Bottonillo mi	(City or town) (County)	(State)
Location Location	Injured at home, farm, Industry, public place (where?)	
8. Funeral director for the Mac Mark	Means of injury injured at work?	
Address Town 184 M		1.
and the state of the	23. SIGNATURE Stephen leg Magne	ces M1)
19. 12/27 1947 a-W. Hedred	O at in an of M.	, D. or other
(Date rec'd by registrar) Registrar	Address Clerk o wills 78 miles	Sand 200.77 47

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COPY SENT TO LOSAL REGISTRAR No. DATE 17/29/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10925 Reg. Dist. N. 30

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) 0 (For purpose intents give residence of		
County Classification of the County of the C	State Co	noty I Now	<i>G</i> .
City or town	City or town	g, write RURAL and give ne	0
How long in above place of death?		s, write KURAL and give ne	earest town)
510 Charing Soo	Street No. (If rural, give	c LOCATION)	
How long in hospitat or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	1/	3. (b) Social Security	Number
Mary Elizabety	Heavener	rose	J
4. Sex 5. Color or sice 6.(4) Stygle, married, widowed, or divorced	MEDICAL C	ERTIFICATION	10
Himde Mary Married	20. DATE DE DEATH	194/7	11/29
6.(b) Name of husband or wife Ley (11 SA Neavenus S.	2f. I CERTIFY that death occurred on the dale ab		
6.(c) If alive, give ageyear		47 to Dec 2	- 2 19.47
7. Birth date of deceased (mo., day, yr.) NV 26- 1874	and that I last saw h		19.¥.7.
8. AGE: Years Months Days It less than one day	Immediate cause of death		. OURATION
13 U 26		***************************************	***
9. Birthplace Salty more Mc	Due to Hypertansive arter	vsekutie	10 yrs.
(Town, county, and state)	Cardiovarcular duesare	•	
10. Usual occupation Attours	Due to		
11. Industry or business	-		****
12. Name Mana American Managery 13. Birthplace Managery	Dther conditions		
13. Birthplace	(Include pregnancy within 3	months of death)	
14. Maiden Pare lanting & Cachinan	Major findings of operations	,	
≥ 15. Birthplace	-	Date of op	
16. Informand	Autopsy results	which death should be charged	statistically.
Address 540 Maring Nospilla	22, VIOLENCE: It death was due to external ca		
(Rusial greenstian of termoval Whise) Dale thereot (Month) (day) (year)	Accident, suicide, or homicide		
I med lidel	Where did Injury occur?(City or town)		(State)
Cemetery or crematory	Injured at home, tarm, industry, public place (v		
Location The Location	Maans of Injury	Injured at work?	
18. Funeral director	20 4	00.0	
Address 2/14 Tonk	23. SIGNATURE Gottu a h	estit J.	
19. 17. 7 4 19 4 4 9 18 18 18	20 E. Preston D.	- Selt - Bata direct	23 Dacy)
(Date rec'd by registrar) Registra	Address		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			3	2
Reg	Dist	No		a

	Reg. Dist. No.	0 0 0n
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Cousty Baltmore	(For newborn infants give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State Many County Salling	*****
How long in above place of death? 25 916.	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Isstitutios, or street address where death occurred:	Street No. 403 Redisales Lander Portal	
	(If rural, give LOCATION)	*****
How long is hospital or isstitutios?	2.(a) If veteran, sams war.	****
3. (a) FULL NAME	3. (b) Social Security Number	=
Joseph Kowe	Tenneberger -	
4. Sex 5. Color or race 6.(a) Siegls, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married		
La de de	20. DATE OF DEATH	M
8.(6) Name of husbased or wife. Challe May Almaetrages	21. I CERTIFY that death occurred os the date above stated: that I attended deceased from	1-2
		10
7. Birth date of deceased (mo., day, yr.) april 21- 1878	and that I last saw h. Leb availive on 18 4	
8. AGE: Years Months Days If less thas one day	Immediate cause of death OURATIO	IN
69 9 4mls.	CENELWAS I CAR (I COM 15 8)	
9. Birtholace Waynestoro Ra,		J.
(Town, county, and state)	Due to.	
10. Usual occupation. Cetized	Bus in Chilly and Carlly till a 3	7.77
11. Industry or business	Due to White Co. Alanda John State Co.	*******
12 Name Hisam Henneberger	Other conditions	********
12. Name Hisam Henneberger 13. Birthplace Wheneshoo Rol.	Uther conditions	
14. Malden name Elizabeth Hoover	(Include pregnancy within 8 months of death)	
11.00	Major findings of operations.	100000000
\$1 15. Birthplace Walfrestons	Dats of op	
18. Istormast Usel May Hennebrigen	Autopsy results.	
Address 403 Restiratorin Rd. Pikasuelle de	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Busial Date thereof 12/29/42	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accidest, suicide, or homicide	********
Cemetery or crematory.	Where did isjury occur?	
Location Pekesville, mg	Injured at home, farm, industry, public place (where?)	*******
18. Fuseral director Frankly H. Meurle	Meass of Isjury Isjured at work?	
0.1.00	9085 + H. N/10	
Address (keserllo Mary and	23. SIGNATURE TO CECEPELY CLE	0
19/2-27- 1947 Wa EE Michal	M. D. or other	Ter
(Date rec'd by registrar) Registrar	Address 70 E OU COCU Date signed 47	4.

DFC 29 1947 STREAD V ME.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	T	206 12	
,	Diat.	No. 43	

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME	C) OF DECEASED:	
City or town(If o	Balt inc Balt inc utside city or town lin of death?23	its, write RU	RAL and give nearest lown)	State Maryland City or town Raspebur (If outside city or town	County Balt imore	
Hospital, institution, or	streef address where d	eath occurred:			V.C., give LOCATION)	
	institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME		F. HE	RRMANN, Sr.		3. (b) Social Security 216-07-00	
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white	ma	rried	20, DATE DE DEATH DEC.	18 1947	1:22 A.
	•••••		errmann If alive, give ageyears	21. I CERTIFY that death occurred on the dat	te above stated; that I attended dec	eased from 19.4.7
8. AGE: Years	Months	Days 9	If less than one dayhrsmin.	Immediate cause of death	kju	2 days
9. Birthplace 10. Usual occupation 11. Industry or business	Printe	r	ate) SS	Due to.		Jan
	enry Herr Germany			Other conditions		
14. Maiden name 15. Birthplace	Unknow	'n		(Include pregnancy with		
16 interment	ers. Edwar B Elmont	rd F. Ave.	Herrmann, Sr.	Autopsy results. PHYSICIAN: Please underline the cause	4	
humia	1, or removal, Which?)	Date thereo	12/22/47 (month) (day) (year)	22. VIOLENCE: If death was due to exfern Accident, suicide, or homicide	Date of	
	Rali	cwood	, Md.	Where did Injury occur?(City or to Injured at home, farm, Industry, public place		
Location	Lassahn	Fun	end Home.	Means of Injury	Injured at work?	
Address	7401 Bel			23. SIGNATURE Michael	J. Dansel	M. D.
19. Date rec'd by re	19. 4. 7gistrar)	mo.g.	d. Verfanides Registrar	Address 1 M. Overles	1/ -	12/18/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF Ba	DEATH: ltimore		2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
		d. Maryland imits, write RURAL and give nearest town)	State Maryland Cou	nty	***************************************
			City or town Baltimore (If outside city or town limits		
How long in above p	lace of death?	N.S.			
		. Fort Howard, Maryland	Street No. 1513 W. Lembard	LOCATION	
		ays	(If rurol, give	LOCATION	
		(C. y. D	2.(a) is veteran, name war	1 - (1) - 110 - 1	A. 1
3. (a) FULL NA		ES W. HERSHEY		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH December 13,	19.47	11:05
6.(b) Name of hys	Lot for wife Berth	a Mae Hershey	21. I CERTIFY that death occurred on the date abo	ve stated; that I atlended dece:	ased from
			December 5,	47 to December	.1.3.9197.7.
7. Birth date of deceased (mo., d	9-4-89		and that I last saw h im allve on Dece		
	(ears Months	Days If lese than one day	Immediate cause of death. Tuberculo		1 month
O. MUL.	58 3	9min.	bilateral, advanced	***************************************	1 menten
9. Birthplace B:	altimore, Ma	ryland	Due fo		
				,	
1D. Usual occupati	on carpenter.		Due to		
11. Industry or bus	iness				
12. Name	illiam Hersh	ey	Other condition 1. Carcinoma of	colon, mod.	Unknown
13. Birthplace	Maryland		2.Arteriescleresis, gen	eralized &	Unknown
Maiden es	Maryland		Cerenary uncide prominence,	9	
E 14. maiden na	Manulani		Major findiogs of operations		
≥ 15. Birthplace	maryland				
16. Informant	linical Reco Fort Howard,	rds, Vets. Adm. Hesp.	Autopsy resultsSubstanticate PHYSICIAN: Please noderline the cause to wh	d. 200Ve.	statistically.
-		16 11 119	22. VIOLENCE: If death was due to external cau		
(Burial, crema	tion, or removal, Which?	Date thereof (month) (day) (year)	Accident, eulcide, or homicide	Date of	***************************************
		re National Cemetery	Where did Injury occur?(City or town)	(County)	(State)
Incation B:	altimore, Ma	ryland	Injured at home, farm, Industry, public place (wi	here?)	
Lucation	Howard	ight, Jr.	Meane of Injury	Injured at work?	
				191	m. 11
Address 49	14 Belair Re	l., Balte., Md.	22 CICHATURE X LELAL	X Vand	MI
1.	2-15 197	ansone	23. RICHARD LAND, M.D.		or other
Date rec'd b		Registrar	Address VAH . Fort Howard . A	Id Date signed	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	1	0	9	2	1)	2	-
Reg. Dis	t. I	No.					*****

PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Owings Mills, Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. county Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town Owings Mills (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 yrs, 1 mo. 6 days. Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Rosewood State Ir. School,	Street No
How long in hospital or institution? 31 yrs, 1 mo. 6 days.	2.(a) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number None
William Sylvester Hogan	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Shite Single	20. DATE DF DEATH 12/23/47 19 , 21 M
•	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	12/22/47 19, 10 12/23 19 47.
7. Birth date of	12/23/47
7. Birth date of deceased (mo., day, yr.) 9/6/15	Immediate cause of death Status Epilepticus DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
31 1 6hrsmin.	L. Way
	This state of the
9. Birthplace Baltimore Md. (Town, county, and state)	Due to Epilepsy Idiopathic since hirth
10. Usual occupation inmate- Rosewood State	
Training School	Due to
11. Industry of dusiness	
12 Name William H. Hogan 13. Birthplace Maryland	Dther conditions
33. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Maryland 15. Birthplace Maryland	
15. Birtholace Maryland	Major findings of operations.
	Date of op.
16. Interment William H. Hogan	Autopsy results
Address I623 N.Gay Street	
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof IZ/26/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Parkwood	Where did injury occur?
Taylor Avenue, Balto: Co.Md.	Injured at home, farm, Industry, public place (where?)
Location	Means of injury
18. Funeral director George J. Ruth, Inc.	N (1 Butto VIII)
Address 1735 Harford Avenue	I G Putzan M.D.
	23. SIGNATURE H.G. Butler, M.D. or other
19. (Date red d by registrar) Registrar	Address Owings Mills, Md. Date signed 12/23/4
(Date rec'd by registrar) Registrar	Address Date signed

ING INK. Supply every item of information carefully. The sysicians: please write the causes of death clearly and legibl

PLAINLY, WITH Us especially importa

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 LISUAL RESIDENCE (HOME) OF DECEASED:

county Baltimore	(For newborn infants give residence of mother)
7	State Penna. County York
City or town A. Y. & L. A. C.	1 / ~ /
How long in above place of death?	City or town Kural Near New Freedom. (If outside city or town limits, write RURAL and give nearest town),
Hospital, Institution, or street address where death occurred:	Street No / mi. East of New Freedom
,	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
	M. Control of the Con
3. (a) FULL NAME	3. (b) Social Security Number
Edith Gerlrug	e Mouseman.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	Dans Land 2 117 /1156
remale while mariled.	20. DATE OF OFATHUR CEMBER 13, 1947. 21 6, 15/2
6.(b) Name of husband or wife Wilson tonseman.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Deplember 1, 1881	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Corpusy artery
67 3 /2hrsmin.	X Margains
9. Birthplace NEW Freedom, Jd.	Due to
	70°CCC 70C C C C
10. Usual occupation 1025 EWITE	Due to
11. Industry or business Own home	
E 12 Name Edody Baughman	Diher conditions
12. Name to do a s Sauchmane 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name. J. y. d. i. d. le Y	Major findings of operations
E 15 Birthnlace	Date of op.
14/. /	
16. Informant W. 1 / SON HOUSEMAZN	Antopsy results
Address New Freedom, Pa. R.D.	
Bux 3/ Dec. 16 1947	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Gurial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory New Freedom	Where did injury occur?
11 2 1 VIA D	
Location/VEW/TYBCOOM, JOYK JOI, Tax	Injured at home, farm, Industry, public place (where?)
18. Funeral director acate Narcleus leng	Means of Injury Injured at work?
RAD TO P	01 7
Address Itt lew tregdom of	23 SIGNATURE a. Mas France
Dec 14 WY Calesto FF-07	M, D, or other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Tarkton, Ind. Date signed 12/14/4



BUREAU V .

Age

MARYLAND STATE DEPARTMENT OF HEALTH

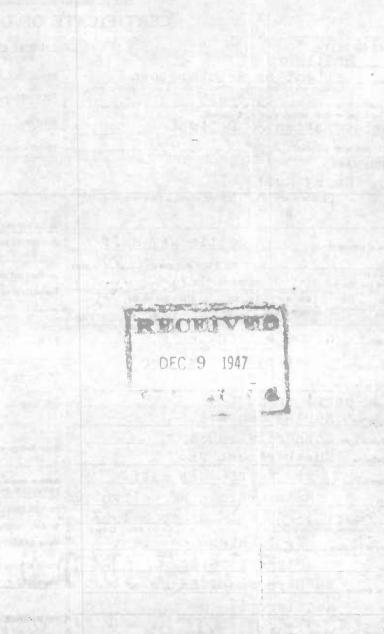
2411 N. Charles St., Baltimore

61

10931

Reg. Diat. No. 33

1. PLACE OF DEATH:	re		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Baltimore City or town Delight or Reisterstown (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Baltimore
			City er town Delight nr Reisterstown (If outside city or town limits, write RURAL and give nearest town)
Hew long in above place of death? Hespital, institution, or street address			
Reisterstow			Street Ne. Reisterstown Rd ((frural, give LOCATION)
How long in hospital or institution?	***************************************	=	2.(a) If veteran, name war None
3. (a) FULL NAME			3. (b) Social Security Number
Harry H	uff		None
4. Sex 5. Celor or ra	6.(a)Single	e, married, widowed, or diverced	MEDICAL CERTIFICATION
W M		M	20. DATE OF DEATH & Cem M 3 1947 at 9 P.
6.(b) Name of husband er wife	Ne t. t.	ie May Huff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-154
			Day 6- of 19-3- (1)
1. Sirth date of		e) if alive, give age	and that I last saw h.) my alive on Dccm ha 3 18.6
deceased (mo., day, yr.) 8 A.G.F. Years Months	May 4	If less than ene day	Immediate cause of death.
8. AGE: Years Months 76	29		Julmonary I dema 2 days
		hrs. min.	
8. 9irthplace Harpe	rs Ferry	W V &	Due to Anterio Clastik June 1
	ired Bri		heart wires you
11. Industry er business	-		Due te.
Marie Company of the	n Huff		Other conditions Sin Leten Chamic
12. Name Harriso		8	
	rine McN	ew	(Include pregnancy within 8 months of death)
1 🖯	ersburg		Major findings of operations.
16. Informant Mrs			- Date of op
			Autopsy results
		n Rd Delight M	22, VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial (Burial, cremation, or removal.)	Which?)	month) (day) (year)	Accident, suicide, er hemicide
Cemetery or crematery	uid Ridg		Where did Injury occur?
Location P1			Injured at home, farm, industry, public place (where?)
18. Funeral director. With Be			Means of Injury Injured at werk?
	erstown		1. Isola Landon M.D.
		000.	23. SIGNATURE M. D. or other
19. 1) ec - 4 - 18. (Date rec'd by registrar)	47 0	Registrar	1 1/1 - 10 - 10 - 10 - 10 - 10 - 10 - 10



BINDING

FOR

RESERVED

RITE

ASE

PLE/

(Date rec'd by registrar)

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

10933

CERTIFICATE OF DEATH

Reg. Dist. No	
E) OF DECEASED:	
NOTO	earest town)
ton Aye.	
	<u>/</u>
3. (b) Social Security	Number
none	
L CERTIFICATION	1.25
ber 16, 1947	at P.
1947 10 Dec 16	19. 4
	DONATION
ingo-	200
y ocardelis	3 yrs
***************************************	****
Sclerosis -	10 4
thin 3 months of death)	
Date of op	
to which death should be charged	d statistically.
rnal causes, fill in the following:	
Date of	
town) (County)	(State)
	•••••
/ 0	
ill Hall ?	ひひ
arte av	or other Alc/6-4
	County County

1. PLACE OF DEATH: Baltimore How long in above place of death?.... Hospital, institution, or street address where death occurred: Hood Nursing Home
5501 Edmondson Ave., 3. (a) FULL NAME Isalbelle Ijams 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow Edward C. Ijams 6.(b) Name of husband or Tife .6.(c) It alive, give age years 7. Birth date of April 1. 1863 deceased (mo., day, yr.) It less than one day 8. AGE: 84hrs. min. Baltimore Md. 1D. Usual occupation..... 11. Industry or business 12. Name...... 13. Birthplace Washington Galt Baltimore. Md. 14. Maiden na 0 15. Birthplace Mary Perry 14. Maiden name..... Baltimore, Md. 16. Informant Mrs. Charles M. Harrison 3612 Clifton Ave., Address Burial (Burial, cremation, or removal, Which?) 12-19-47 (month) (day) (year) Cemetery or cremator Loudon Park Baltimore. Md. 3207 W. North Ave. Address

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore

	100	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County	
(If outside city or town limits, write RURAL and give nearest town)	City or lown Baltimore (If outside city or town limits, write RURAL and give neares	
How long in above place of death? 37 Days. Hospital, Institution, or street address where death occurred:	(11 outside city of town limits, write KOKAL and give nestes	
Vets. Adm. Hospital, Ft. Howard, Maryland	Street No. 404 Ostend Street (If rural, give LOCATION)	
How long in hospital or Institution? 37 Days	2.(a) If veteran, name warSAW	~
3. (a) FULL NAME	3. (b) Social Security Nu	mber
WILLIAM JACKSON	Unknown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Married—Separated	20. DATE OF DEATH December 29	9:15 P
6.(b) Name of husband or wife Bessie Jackson	21. I CERTIFY that death occurred on the date above stated; that I attended deceases	l from
6.(b) Name of husband or wife	November 23, 1947 10 December	29 19 47
7. Birth date of 6.(c) If alive, give age	and that I last saw himalive on December 29.	
deceased (mo., day, yr.) 1-1-75	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Uremia 2	Weeks
72 11 28hrsmin.		
B. Birthplace Burton, Alabama (Town, county, and atate) 1D. Usual occupation Unemployed	Due to Hypertrophy of median lobe of prostate	Unknown
11. industry or business		
12. Name Henry Jackson 13. Birthplace North Carolina	Diher conditions Arterio and Arteriolar	Unknown
13. Birthplace North Carolina	Nephrosclerosis Cardiac dilatation & Hypertrophymaney within 3 months of death)	19
	& Hyper trophy within 3 months of death)	
North Carolina	Major findings of operations.	
E 15. Birthplace	Dale of op	• • • • • • • • • • • • • • • • • • • •
16. Intermant Clinical Records, Vets. Adm. Hosp.	Autopsy results	
Ft Howard Manuland	PHYSICIAN: Please underline the cause to which death should he charged sta-	tistically.
5 10110	22. VIOLENCE: If death was due to external causes, fill in the following;	
Dale thereof (month) (obs) (year)	Accident, suicide, or homicide	
	Where did injury occur?	
Cemetery or crematory		
Location JSULO	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address Baltimore, Maryland	alaka Mi	
Autoria Value Value	23. SIGNATURE E SHAW, M.D. or	other
19. Jan 3 19 4 Ca, W. Talline Company of the Registrar	Address V. A. H. FORT HOWARD, MD. Date signed L	2-31-47

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

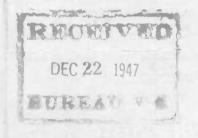
2411 N. Charles St., Baltimore

att it. Olarios bu, bartimore

	1	0	9	3	5.		,	
Rev.	Di	at.	No		_3	8		

CERTIF	ICATE	OF	DE	TH
CERTI	ICAIL	OI.		

1. PLACE OF DE	ATH: arney			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
***************************************	Baltimore		***************************************	state Maryland co	Carney	***************************************
How long in above place		eath occurred	URAL and give nearest town) i: iVenue	City or town Baltim (If outside city or town limi Streel No. West Summi	OPE ts, write RURAL and give ne	arest town)
How long in hospital or	Institution?			2.(a) If veleran, name war		
3. (a) FULL NAM		HONY	JAGER		3. (b) Social Security	Number
4. Sex male	5. Color or race white	6.(a)Single	e, married, widowed, or divorced single	MEDICAL C	ERTIFICATION 19.47	al 10 a- M
	Rob	6.(6	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date ab	B.7., to Lee	19.47 19.42
8. AGE: Years 56		Days	tf less than one dayhrsmin.	Immediate cause of death	edelis	7 0 .
9. Birthplace	car		Md . tate)	Due to.	Thus	2 yes.
12. Name	Louis	Phill md.	ip Jager	Other conditions		
14. Malden name 15. Birthplace	Margar	et Sc md.	hneider	(Include pregnancy within 3		
			Jager R.F.D.6 Towson	Astopsy results	which death should be charged	
	or removal, Which?)	Date there	(month) (day) (year)	22. VtOLENCE: If death was due to external ca	Date of	
	В	rookl	roes yn	Where did injury occur?(City or town) Injured at home, farm, industry, public place (v	where?)	
18. Funeral director	Leonar 505 Harfo	d J.	Ruck	Meens of Injury (a. W)	Injured at work?	WA
19/2/20 (Date rec'd by res	19 47	a	M. Bacon	23. SIGNATURE Address 26/0 Targlo	Lex. Date signed.	or other 12/28/4



2411 N. Charles St., Baltimore

	30
No.	

Indefinit

CERTIF	ICATE OF DEATH Rog. Dist. No. 30
1. PLACE OF DEATH: County Baltimore City or town Catonsville City or town limits, write RURAL and give nearest town long in above piace of death? 19 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 19 days 3. (a) FULL NAME Mary Jarusek	State Maryland Couoly Harford City or town Abingdon (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurnl, give LOCATION) 2.(a) If veteran, name war.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20, DATE OF DEATH. December 21st 1947 21 6:35 A.M.
6.(b) Name of husband or wife Frank Jarusek Deceased — 1940 6.(c) If alive, give age	December 2nd 1.7 December 21 at 101.
8. AGE: Years Months Days If less than one day	coronary_diseaseIndefin
9. Birthplace	Due to Arteriosclerotic heart disease " Due to Generalized arteriosclerosis "
12. Name Francis Goldschmidt 13. Birthplace Baltimore, Md. 14. Malden name Catherine Steska	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace Bohemia 16. Informant Hospital records Address Catonsville. 28. Maryland	PHYSTGIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory Location Location Date thereof. 24/9 (month) (day) (yet) Balls to Male	Whers did injury occur?
18. Funera director. Advanta A. Me Corner Address abung dru Medical States and Medical States and Medical Content of the Medical Content of the Medical Research of the Medica	23. Signature June Tuerk, M. D. M. D. or other Address. Catonsville, 28, Marylandate signed 12/21/47.

BINDING FOR RESERVED MARGIN UNFADING INK. Supply every item of information ant. Physicians: please write the causes of death clea

A15 N ASEW



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog 1093744

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Parris Pont My	State		
City or town in the course of the city or town limits, write RURAL and give nearest town)	City or town		
How long in about place of death?	Day of the same of		
mellers on fit	Street No		
How long in hospital or institution?	2.(a) If veleron, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
James Johns	220,2 23 435		
4. Sex /5. Color oppace 6.(a) Single, married, middwed, or divorced	MEDICAL CERTIFICATION		
male White Ocranget	20 DATE DE DEATH Dec 5747 19 21 18		
1/100	ZV. DATE OF DEATH.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Q25-/1893-	and that I last saw halive_on		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
5-75hrsmin.	Janes Caraller		
33			
9. Birthplace	Due X		
CP. Lange			
10. USUAL UCCUPATION	Due to		
11, Industry or business			
12. Name Harris Balli Sharta fenn	Dther conditions		
	(Include pregnancy within 3 months of desth)		
HE 14. Maiden name fix Dreft 15. Birthplace Shartu firm.	Major findings of operations		
15 Riethniana Sharta Lenn.	Major findings of operations. Date of op.		
9 1 is Alvertine			
16. Informant	Autopsy results		
Address Foodellesville Jern.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Bural Date thereof 12-8-47	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory duty	Where did Injury occur?		
Location Safts.	Injured at home, farm, Industry, public place (where?)		
1 Breeden ile	Means of Injury Injured at work?		
18. Funeral director.	(Mag)		
Address 140 Custum and 10	23. SIGNATURE / Measure / A.		
12/8 12/8 X7 N.W. Hedrich	Deputy medical of or others		
(Date rec'd by registrar) Registrar	Address Date signed 5.5.7.		

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10938 & Reg. Diat. No. 40

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Street No (If rurel, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME PORMER Duran	3. (b) Social Security Number
4. Sex 5. Certor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	and that I last saw 1
deceased (mo., day, yr.) . Color o , 1971	Immediate office of death
8. AGE: Years Months Days If less than one day	(ruled glust and infloration 19/47
36n	accidental.
9. Birtholace Ball County Mile	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. industry or business Dekumun Construction	6 ,
12. Name Surger Charles Co. W.S.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Stripuede Dayson. 15. Birthplace Charles Co Word.	Major findings of operations
\$ 15. Birthplace walle to w.	
16. Informant	Antopsy results
Address 10 & steeling Sh.	
Buil Date thereof Dec. 13/4)	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (month) (dey) (year)	Both III
Cemetery or crematory	Where did injury occur?
Location Ballo National Cega	Injured at home, farm industry, public place (where?)
Mr. Post a Ellist's del	Means of Injuriance in the transfer injured at work? Her
18. Funeral director	(RIII) HI MINDHE
Address // J / // . Call time ex	23. SIGNATURE ACCUMENTATION OF THE STATE OF
19. (Date rec'd by registrar) 19. Registrar	TET Address Thurson MI Date signed * 249.47
[[Date rec d b) reginerar/	The state of the s

MARGIN RESERVED FOR BINDING

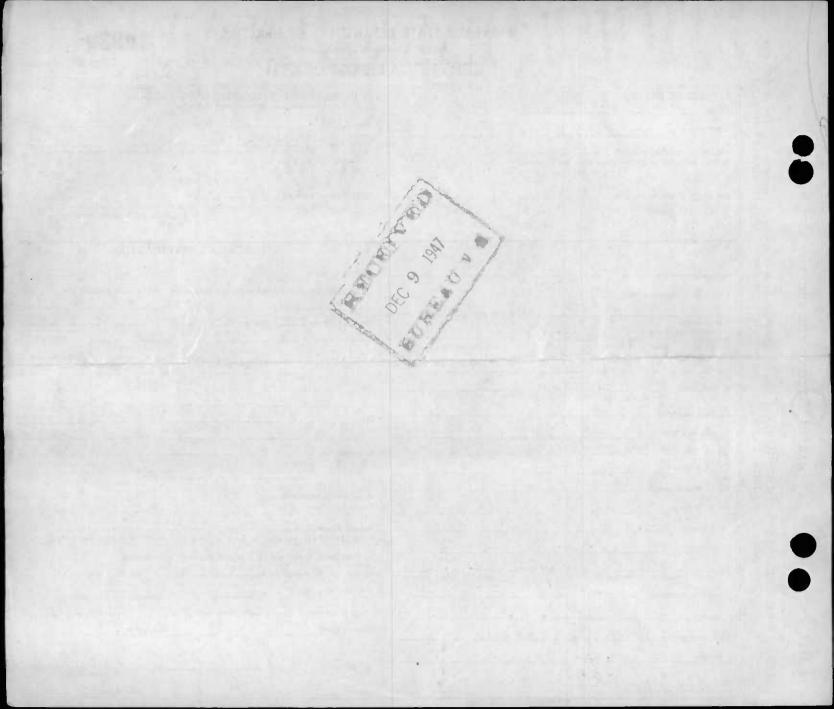
PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY

2411 N. Charles St., Baltimore

10939

1/PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Md. Cou	Maltimore Baltimore	
City or towa(If	outside city or town l	mits, write R	URAL and give nearest town)			
			***************************************	City or town Catonsville (If outside city or town limits		
Hospital, Institution, or	street address where	death occurred	Home	Street No. 315 Ingleside		
			• • • • • • • • • • • • • • • • • • • •	(If rural, give	LOCATION)	
How long in hospital o	r institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		rgena .	Jungers		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
Female	White		widowed	20. DATE OF DEATH. December 4	19 47 at 25 M	
			ers	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
***************************************		6.(0	e) If allve, give ageyears		19 47	
7. Birth date of deceased (mo., day,	March 1	3, 185	9			
8. AGE: Years	Months	Days	if less than one day	Immediate cause of death	OURATION 2 d.	
88	8	21	hrsmln.			
9. Birthplece	Landan, Er	gland	utate)	Ouo to at nonlumi	, by settenders ?	
				to so sends	La Marian	
10. Usua) occupation	No ne	• • • • • • • • • • • • • • • • • • • •	***************************************	Oue to		
11. Industry or busines	\$					
12. Name	Unknown	*****************		Other conditions		
13. Birthplace	Unknown					
H 14 Moldon name	Unknown			(Include pregnancy within 3 n		
6	Unknown	******************		Major findings of operations		
		0 9				
				Autopsy results	Lish doubt should be changed statistically	
Address An	napolis,	id.				
Buri	al	Date there	Dec. 6, 1947	22. VIOLENCE: If death was due to external cau		
(Burial, cremation	, or removal. Which?)	month) (day) (year)		Date of	
Cemetery or cremate	St. Aa	ry's C	enetery	Where did injury occur?(City or town)	(County) (State)	
Location	Annapo	lis, M	Q.,	Injured at home, farm, industry, public place (where?)		
18. Funeral director	8. W. I	God D	real	Means of injury	Injured at work?	
	003 W. Bal			a 21	on I way but	
12/0	14-		aw. Hedrich	23. SIGNATURE	M. D. or other	
(Date rec'd by re	gistrar) 1947)	****	put Registrar	Filicott Gitv. MG.		



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

10940

CERTIFICATE OF DEATH

	Reg. Dist. No
2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
State Md. co	unty Baltimore
City or town Graceland Par	ks, write RURAL and give nearest town)
Street No. 1805 Maxwell	Ave.
(If rural, give	LOCATION)
2.(a) If yeteran, name war	

County Bal	timore C	ounty		(For newborn infants give residence of mother)		
			RURAL and give nearest town)	state Md. county Baltimore		
(lf	outside city or town	limits, write	RURAL and give nearest town)			
			***************************************	(If outside city or town limits, write RURAL and give nearest town)		
	or street address when			Street No. 1805 Maxwell Ave.		
1805	Maxwell	Ave	***************************************	(If rural, give LOCATION)		
How long in hospital	or Institution?	***************************************	***************************************	2.(a) If reteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security Number		
			2 4 /77			
4. Sex	Flear	or Kac	ezorowski (Kral	ntz)		
F	W W	U.(La)Sing	Vidow	MEDICAL CERTIFICATION		
1	1		1140#	20. DATE OF DEATH DEC 4 19 47 21		
	Toos	nh Va	a a momalet			
6.(b) Name of husband	or wifeUOSC	bit va	zorowski	21. I CRATITY that Beath occurred on the date above stated; that Lattended deceased from		
	2.02.0000000000000000000000000000000000		c) if alive, give ageyear			
7. Birth date of deceased (mo., day,	yr.) 1865			and that I last saw h		
8. AGE: Year		l Days	I If less than one day	Immediate cause of death DURATION		
				llalue ora Jay		
82		1	hrsmln	All lands to		
9. Birthplace	Polend	***************************************		Due to Chi. Regulates & Affect reases		
	Housewi	fo. eounty, and	ntate)			
1D. Usoat occopation.	nousewi	T &	***************************************	and chiero-beleason:		
11. industry or busine				000 10.		
	eter Wel	nicki	,			
12. Name F	olond			Dither conditions.		
				(Include pregnaucy within 3 months of death)		
五 14. Malden name	unknowr	1				
14. Maiden name	Poland			Major findings of operations.		
				- Date of op		
	eter Kacz		K1	Autopsy results		
Address 180	05 Maxwel	ll Ave		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
72.12.	al		12/0/10/17	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 BURI (Burial, cremation	or removal, Which	Date then	(month) (day) (year)	Accident, suicide, or homicide		
	ory HoL	V Ro	SARV	Where did injury occur?		
	- 1/1		2	Where did injury occur?		
Location OF	RMAN, 19	11-	2	Injured at home, farm, industry, guillic place (where?)		
18. Funerat director	John	n. Sto	her.	Means of injury Injured at work?		
1/0/	1100	#		d 0 4 1		
Address 40/	Jo. he	slew	A.	an aller many grouples		
. 10	1= 40	7	ando sund	23. SIGNATURE M. D. or other		
(Date rcc'd by r	gistrar)		Registrar	Address 200 - L-Mall / Date signed / Y/ Y		

VS A15

MARGIN RESERVED FOR BINDING

VS A15



Dr. Williams 2515 Taylor Avenue

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Parkville Baltimore		
		nits, write R	CURAL and give nearest town)			
How long in above place of Hospital, Institution, or	of death?	eath occurred Avenue	l:	City or town (If outside city or town limita, write RURAL and give nearest town) 7618 Daniels Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME				3. (b) Social Security Number		
J. (6) 1011 Mills		ICKA K	ANE	5. (0) Social Security Number		
4. Sex	5, Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	W	ridowed	20. Date of Death December 1st 19 47 at 7:15 F		
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr		iam Ja 6.0	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from NOV. 29 19.47 to Dee. 19.47 and that I last saw here alive on Dee. 19.47 Immediate cause of death		
8. AGE: Years 72	Months 6	0ays	If less than one dayhrs,min.	and Acute Pulmonery Delever		
13. 6irthplace H 14. Malden name 15. 0irthplace 16. informant	John Hobli Gern ANnie Md	itzel nany Jinta	state)	Due to Additional Control of the Con		
17 Buria (Burial Cemetery or cremator Location	orremoval. Which?) y	Date then all and aryland	l2-4-47 (month) (day) (year) Memorial Park nd Ruck	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide		
(Date rec'd by fee	istrar)		Registrar	Address 2515 Laylor Hol. Bate signed 12-14		

PLEASE WRITE

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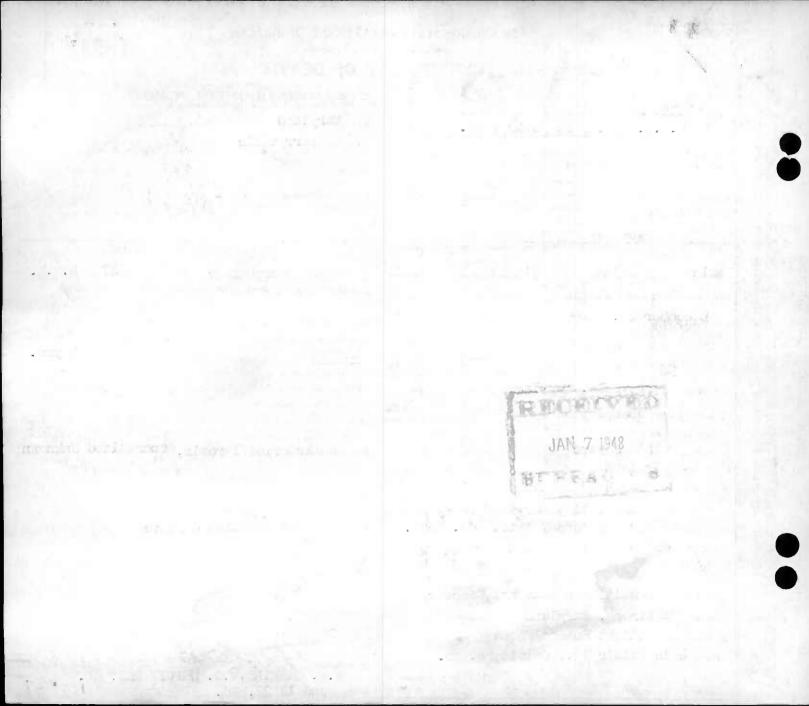
Freet age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10942 Reg. Dist. No. 4

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		. 1 17 3 1/3		l
City or townD. (If	outside city of town li	rt Howard, Md. mits, write RURAL and give nearest town)	City or town Perryville (If outside city or town limits, write RURAL and give near	
How long in above plac	e of death?	•••••	(If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, o	r street address where	death occurred:	Street No.	
	************************		(If rural, give LOCATION) 2.(a) If veteran, name war	/
How long in hospital o	or Institution?			
3. (a) FULL NAM	IE .		3. (b) Social Security N	lumber
- 12 NATON D	CARY KANE			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Single	20. DATE OF DEATH December 27	2D.O.A
c (h) Name of huchans	www Singl	e		
G.(O) Name of nussant		o (a) Malling along an		19
7. Birth date of	3-1009	6.(c) If alive, give age	and that f last saw halive on	19
deceased (mo., day,			Immediate cause of death	DURATION
8. AGE: Year	s Months	Days If less than one day	ASTHMA	4 yrs.
58	0	4hrs.		***************************************
	rryville,	Maryland	Due to	********************
		d		
		•	Due to	
11. Industry or busine				TT7
12. Name	homas Kane	••••••	Other conditions Arteriosclerosis, generalized	Unknown
🔀 f3. Birthplace 🗓	reland		(Include pregnancy within 3 months of death)	
Li 14 Maiden name	Sarah McC	lentock e, Maryland rds, Vets. Adm. Hosp.		
5			Major hadings of operations	
El 15. Birthplace	Perryvill	e, Maryland		
1			Autopsy resultsSubstantiatedAbove	tatistically.
Address For	t Howard,	Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial cremation	n, or removal. Which?	Date thereof Dec 3/9 192	Accident, suicide, or homicide	
		e National Cemetery		(State)
LocationBal	timore, Ma	ryland	Injured at home, farm, industry, public place (where?)	
		neral Home	Indicated at many 1	0
		., Baltimore, Md.	Vm/nen	B. D
4 . 4	1 0/	m.	23. SIGNATURE	other O
19 /7/	2847 egistrar)	XI mean	W.M. CARMINE, M.D. DEPUTY MED. Ex	2/0 1/4
(Date rec'd by r	egistrar)	Regi	strar Mdress Dundalk 22, Md. Date signed	Market A.



2411 N. Charles St., Baltimore

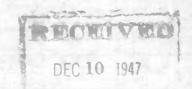
95c

10343

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
George W. (noother)	Jennady -
4. Sex 5. Gold or race 6.(a) Single, married, widowed or divorced W. Wildows or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. 20. DATE DE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DA
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(de as sed)	19 47 to Dec 8 19 47
7. Birth date of deceased (mo., day, yr.) 2 may 6, 1861	and that I last saw h. J. MA. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 5 days.
86 7 2ni	
9. Birthplace Fnanklin County Penn. (Town, county, and stage)	Due to arting lassis / Many yo
10. Usual occupation Former + Colore	S. O.F.
11, industry or business	Due to.
E 12. Name Lennel Kenned.	- Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cottone Berder 15. Birthplace	Major findings of operations.
∑ 15. Birthplace	Date of op.
18. informant Man Blene	Autopsy results
Address 3510 Putty fill	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:
11 1 1 1 1 1 1 1	Accident, suicide, or homicide
Cometery or crematory a huseland forth beautiful	Mhere did injury occur?
Location Location Landson	tnjured at home, farm, industry, public place (where?)
18. Funeral director January Lynnia	Means of injury tnjured at work?
Address 7 401 Belair Rd.	mark the Could Now.
Was 9 114 h . O. J. R. 1 1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	ar Address 5713 Belsu Rd. Date signed 12-8-4



WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		T	U	4	47	
Reg.	Diat.	No.			4	

A CONTRACTOR OF THE CONTRACTOR	
1. PLACE OF DEATH: County Baltimore City or town Catonsville- 28, Maryland. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 months, sight days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital	street No. 1707 Sulphur Spring Road (If rouse, give LOCATION)
How long in hospital or institution? 4 months, 8 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KENNEDY, Harry E.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 12 19 47 21 1:50 pm
6.(b) Name of husband or wife Amelia Oberdorffer 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
deceased (mo., day, yr.) November 17, 1881 (?) 1882	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 25 min.	Coronary Sclerosis: Indef
9. Stripplace Baltimore, Maryland. (Town, county, and state) 10. Usual occupation Machinist. 11. Industry or business	Due to. disease: Indef. Generalized arteriosclerosis. Indef. Due to.
12. Name John T. Kennedy 13. Birthpiace Baltimore, Maryland.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Unknown. 15. 8irthpiace Unknown.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Hospital Records. Addgess Catonsville- 28. Maryland.	Autopsy results
17. Date thereof. (Burial, cremation, or removal. Which?) Cemetery or crematory. Arrane. Ph. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Wordlawn ond;	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Address 41018 Jamondson au	23. SIGNATURE ISAdore Tuerk, M. D. M. D. or other
19. (Date rec'd by registrar) Registrar	Address Catonsville-28, Maryland Date signed 12-12-47.

WRITE

PLEASE

(Dato rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Registrar Address V.A.H. Fort Howard, Md. Date signed 12-27-47.

10945

CERTIFICATE OF DEATH

Reg. Diat. No.

How tong in above place Hospital, Institution, or Veterans	imore Howard, Manuside city or cown in of death? 98 (street address where the definition of the company of the	iryland hite, write Ri lays death occurred tion Ho	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Maryland Cour City or town Baltimore (If outside city or town limits Street No. 6905 Marlborough (If rural, give 2.(a) If veteran, name war. WW-I	write RURAL and give nearest town) Road LOCATION)
3. (a) FULL NAMI					3. (b) Social Security Number
CHARLES A	. KING				Unknown
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White	司经制	lemed Divonsed	2D. DATE DF DEATH December 27	19 47 ,16:40 A
6.(b) Name of husband	or wife dead	Lill	ian	21. I CERTIFY that death occurred on the date about	ve stated; that t attended deceased from
9 B. H. J. L. J.	r.) Septemb	er 18,) If alive, give ageyears	Sept. 20 19 and that I tast saw h IM alive on Dec	47 10 Dec. 27 19 47 cember 27 19 47
8. AGE: Years	Months	Days	if less than one day	Disease of the Heart	due to hyper- 2 yrs.
10. Usual occupation 11. Industry or busines 12. Name	nemployed Rail ohn King Inknown	Fir Lroad, Alonz	Joseph King,	Due to Arteriosclerosis,	general 2 yrs.plu hemiplegia 2 yrs.plu
			inia Reynolds,	Major findings of operations	
10. Illiormani	inical Reco		Teterans Adminis-	Autopsy results	hich death should he charged statistically.
17. Burial (Burial, cremation	, or removal. Which?	Date there	month) (day) (year)	22. VIOLENCE: tf death was due to external cau Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, industry, public place (wi	(County) (State)
			n	Msans of Injury	tnjured at work?
			re. Balto.Md.	23. SIGNATURE Statter P	Buson ma.

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A15 VS A DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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I	1		

2 HIGHAL DESIDENCE (HOME) OF DECEASED.

10946

1. FLACE OF DEATH:	(For newborn infants give residence of mother)
County Balls	and
	State County
City or fown (If outside city or town limits, write RURAL and give nearest town)	City or town Kundaell 22
How long In above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street He Horris Jane + hard PE Rd,
	Wilet But and a second a second and a second a second and
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
6 Under Kine	Appendix and the second
6 earys poor	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenente Odned Dingle	101 1/3
when the stand	20. DATE DF DEATH NULY 3 19 7 2N G
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
B (a) If all us also are	
7. Birth date ofyears	and that I last saw halive on
deceased (mo., day, yr.) July 19-1940	
	Immediate cause of death
8. AGE: Years Months Days If less than one day	
hrsmin.	Alter 1
	22 8410
9. Birthplace	Due to. 3
9. Birthplace(Town/county, and state)	
Stellent	
10. Usual occupation.	Due fo
11. Industry or business	
± 12. Name	Other conditions.
12. Name lilliage Cing 13. Birthplace	
	(Include pregnancy within 3 months of death)
# 14. Maiden name Schools Server	
14. Maiden name Slasly Beverley 15. Birthpiace	Major findings of operations.
≥ 15. Birthpiace	Date of op.
Heal Haven Banko.	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 13 19 11. Caroline She Wally	FILIDICIAN. I read abutino in the case to
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bernation, or removal, Which?) [Burial, cremation, or removal, Which?) [month] (day) (year)	Accident, suicide, or honicide.
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Mt Celavry Ce	Where did injury occur? (City or town) (County) (State)
Cemelery or crematory	(City or town)
land anne arundel Co.	Injured at home, farm, Industry, public place (where?)
2/1/2	Meens of Injord Muse Jumes down injured at work? M
18. Funeral director della sue 4. Sect com	meens a which a state of the st
O.C. L. M. A.A.	ma mi
Address 412 Penna. Clis. Dallo:	11192008 111
2/201/ 2/ 1/ 0 0/	23. SIGNATURE.
10 /d/d3-4) 10 May 5 Connells	NAS TO THE STATE OF THE STATE O
19. (Date réc'd by registrar) Registrar	Address Date signed / // Date signed



2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
I helma lang	A SERVICE AND ADDRESS OF THE PARTY OF THE PA
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. DW. 23 1947, at 500 g.,
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) Quy 29-1936	and that Cast saw h
8. AGE: Years Months Days tf less than one day	Xhrcc-
/hrsmin.	2 40 6 1
maryland	Que to graf Jums / lutere 1777
9. Birthplace(Town, equipty, and state)	
10. Usual occupation.	Due to
11, industry or business	
	Other conditions
12. Name Usellagan) and	
	(Include pregnancy within 3 months of death)
14. Maiden name Stallys Beveiley 15. Birthplace	Major findings of operations.
∑ 15. Birthplace	
18. Interment Kw. David Dange.	Actopsy results
Address 1319 M. Caroline Str. Ballo	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, orthonicide
That Colingral	Where did lawy according to Dundanc - Gardy - My.
Cemetery or crematory	(City or town)
Location Change Clum all Sagi	Injured at home farm, Industry, public place, (where?)
18. Funeral director William a. Jackson	Meses of Injury House Council at work? NO
Address 916 Senvo llife Salls,	23. SIGNATURE DO BAUNG DONE
19. 72-23 19. 7 John & Chuells (Date rec'd by registrar) Registrar	Address Date sighed 1 1

MARGIN RESERVED FOR BINDING

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and A15 SA

JAN 7 1948

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Sallmare	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
The state of the s	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION WWY3 19 47 21 5 30 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) June 2 - 1934	and that I last saw h
8. AGE: Years Months Days If less than one day hrsmin.	Shou Causes J 3rd deque
9. Birthplace (Toyn, county, and state)	Due-te (Sums (Lullu 1879)
10. Usual occupation.	Oue to
12. Name Ulliagra 7 mg	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Slady Severley 15. Birthplace	Major findings of operations.
∑ 15. Birthplace	Date of op.
18. Informant Lev. David Danies.	Autopsy results.
Address 1319 D. Cardine Str Ballo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory ME Galvary	Whera did injury occurs (City or town) (County) (State)
Location assure Crewill (1 Cos	Injured at home, farm, industry, public place (where?)
18. Funeral director Ilelhane Q. Jockson	Maans of Injury fourse burned Injured at work?
Address 916 Penna at. Galley	23/ SUSNATURE DIO DE AUTORIO CO MAJ
19. / 7 - 7 3 - 19 47 Ann 6 Church Registrar	Mill Millian Haure, Ott. D. or other.

JAN 7 1948

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

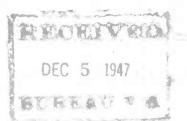
g. Diat. No. 33

1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town Boring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40 Yrs	State Md. County Balto. City or town Bering (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long In hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME Henry Frederick Koens	3. (b) Social Security Number
Male S. Color or race S. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH.
6.(b) Name of husband or wife Fredia C. Loenig 6.(c) If alive, give age years	19.57 10
T. Birth date of deceased (mo., day, yr.) Aug. 27, 1894	Immediato cause of death DURATION
53 3 4hrs	in. Earcinoma of Lung 1.gr.
S. Birthplace. Baltimore City (Town, county, and atate) 10. Usual occupation. Owner of Gasoline Station.	Due to
11. Industry or business	Diter conditions Disabettee 8 yrs
12. Name John G. Koenig 13. Sirthplace Germany	Bed Server (Include prography within 3 months of death)
14. Maiden name Anna Schudel 15. Birtholace Germany	Major findings of operations. Date of op.
16. Informant E.G. Koenig	Antopsy results
Address Reisterstown, Md. 11. Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory St. Paul	Where did injury occur?
Location Upperco Md.	Means of Injury Injured at work?
18. Funeral director J.F. Eline & Sons Address Reisterstown, Md.	22 SIGNATURE D. D. Caples M. D.
18. Dec-3- 1947 MATYBELINE Regist	23. SIGNATURE M. D. or other M. D. or other Address Reinterstown M. D. are signed 12-1-44

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PLEASE WRITE

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W/X	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
and b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

2411 N. Charles St., Baltimore

940

10951

Reg. Dist. No. :44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County /2016	
City or town Sparrass form.	State Couply Couply
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	outside city or town limits, write RURAL and give nearest town)
1709 Darress Tomal R.	Street No. Of the Control of the Con
34-	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(eler word Koloda	1217-014-1-43
4. Sex 5. Color or pace 6.(a) Single, married, widowed, applivorced	MEDICAL CERTIFICATION
male white married Separate	a()
(Male Volute Marnes Separate	10. DATE OF DEATH. Dec 25 1847 21 5 P.
Elsie.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	Dec 25 1847 10 Dec 25/1647
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) (May 19/1901	
8. AGE: Years Months Pays 12 less than one day	Immediate cause of death DURATION
Ha 7 6	
B 100 0 1	
9. Birthplace Adult Co. (M. J.	Due to
(Town, county, and state)	deule destration.
1D. Usual occupation	Due to
11. Industry or business for the files (cer.	
12 Name James Kolotzie	Dither conditions
	Bullet countries
13. Birthplace Factor	(Include pregnancy within 3 months of death)
= 14. Maiden nam Merfore ferrers	Major findings of operations
14. Maiden name PR	
(m 110 111 2	Date of op.
16. Informati Will all forms / Cold / Sulf :	Autopsy results
Address 2 709 Coarros Pt. Dell	
1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Sand Olerat	Where did injury occur?
Cemetery or cremetory	
Location Strong Street	Injured al home, farm, Industry, public place (where?)
18. Funeral director of from S. Compelly	Means of Injury Injured at work?
S. I. C. Grand	mo i hx
Address 4/ Klo aslem an. temper	23. SIGNATURAL Mileas 9. N.
12/24 /47. Mb 5 Con 16	Disn't meliar M.D. or other
19. (Date, rec'd by registrar) Registrar	Address Band / Man Juy
	- 10 horo on account have





PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

10952

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF I	or U. T. A.	F 12	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town		mits, write RURAL and give nearest town)	Slate County County	·
How long in above pl	ace of death? or street address where		Cliy or town (If outside city or town limits, write RURAL and give near Sireet No. (If rural, give LOCATION)	est town)
			2.(a) It veteran, name war	
3. (a) FULL NA			3. (b) Social Security N	lumber
	much	al Plin	liles 213-07-1	473
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	140
212	111.	widowed	20, DATE OF DEATH Nev. 11 = 1947	82-6
8 (h) Name of hugh	and or wife		21. I CERTIFY that death occurred on the date above stated; that I attended decean	red trom
			19, to	19
7. Birth date of			and that I last saw halive on	19
deceased (mo., da		115-1893	Immediate cause of death	DURATION
8. AGE: Y	ears Months	Days It less than one day	Colonay Occusion	5 mi.
.5	7	hrsmin.		
9. Birthplace	Town	county, and state)	Oue to	***************************************
	9 1	And the same		
10. Usual occupation)n	1 64 11 0	Due to	
11. Industry or busi	ness /	Ace Corp.		
12. Name	The delivery	- And Market Land And And And And And And And And And A	Other conditions	
	Drie	Red	(Include pregnancy within 3 months of death)	
至 14. Maiden na	me mani	a (Clark	/	
14. Maiden na 15. Birthplace	29		Major findings of operations.	
€1 15. Birthplace	0111	D V · V	- Oale of op	
16. Informant	to be to the form	2 + 0	Autopsy results	tatistically.
Address 1	of April	www.sole Rd	22. VIOLENCE If death was due to external causes, fill in the tollowing;	
17. 13.6	creal	Date thereot (month) (day) (year)	Accident, suicide, or homioride	
(Burial, cremat	tion, or removal. Which		1,012	
Cemetery or crer	natory A. R. R. Commen	Told the first Derroy Edd &	(City or town) (County)	
Location	undie	July Red V	Injured at home, farm, industry, public place (where?)	
18. Funeral directo	W. L. P. C. W.	I tourelles.	Maans of Injury Injured at work?	
Address 4/	8/5 22 6	in fire situal	Masars M	2,
1111	4-1 4	7 Aday 11 Countil	23, SIGNATURES STATE DATE DATE DO	10000
(Date rec'd by	registrar)	Registra	Address Date signed	12/10/10



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0.07	Dist					>	Q	

/ CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write (HURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limits, white RUFL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Edward Christian	ic Routs 3. (b) Social Security Number
4. Sez 5. Color or race S.(a) Single, married, widowed, or divorced Sexifle	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. (c) Name of husband or wife	Oct 27 1947 10 Dec 14 1947
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business	Bue to Afglistusian, arterio. Selisore. Due to
12. Name Jest Maria Contact 13. Birthplace 13 alto 14. Malden name Occura S Overser 15. Birthplace 13 alto	Other conditions (Include pregnancy within 3 months of death) Major fiadings of operations Date of op
Address 4/3. Murdock Rd	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriat, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Allist Funesal Home Address 2 A 1 8 October 07 19. (Date rec'd by registrar) Registrar	Masons of Injury Injured at work? 23. SIGNATURA HALLE. Knickman M. D. M. D. or other M. D. or other

Coming to one fire to sign MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 72	2. USUAL RESIDENCE (HO	
County.	(For newhorn infants give res	sidence of mother)
City or town	State Md.	County
		own limits, write RURAL and give nearest town)
How long in above place of death?	113 81	own limits, white KUKAL and give nearest town)
1/3 W. Elm av		rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	11 0 0	3. (b) Social Security Number
()To Paul	Kuehnel	
4. Sex 5. Color or race 6.(a) Single; married, v		CAL CERTIFICATION
Male White Mar	mied 20 DATE DE DEATH DZC	25 49 3 PM
mace mac man	4 1	15, 21
6, (b) Hame of husband or wife Marie Unitorice		he date above stated; that I attended deceased from
	U4:3,	19 47 to Dec, 25 19 47
7. Birth date of	and that I last saw native on	Dec, 24 1947
deceased (mo., da), ji./	Immediate cause of death	DURATION
8. AGE: Years Months Days If less	than one day Toxic along	from 3 days
66 9 5		
0 1 0	Carrier of	P Storach 35 new
9. Birthpiace	Due to Due to	
In Henry accountant accountant	- /	
1D. Usual occupation. CCCOLATANY	Due to	
11. Industry or business	- A	
12. Name Sustaf K. Kush 13. Birthplace Dridge Gran	2022 Diher conditions	
13. Birthplace Dribdan Sean	cauci	
	(Include pregnancy	within 3 months of death)
14. Maiden name Royaliz Holes 15. Birthplace Drayday Grass	Major findings of operations	
= 15. Birthplace Arandau Ferm	cast ef	Date of op
16 Informant Walter Weber	Antopsy results	
1201 00 0.	PHYSICIAN: Please underline the c	ause to which death should be charged statistically.
Address 113 Elm Clos Ove	22. VIOLENCE: If death was due to e	external causes, fill in the following;
17. Burial, cremation, or removed. Whiteh?)		Date of
(Burial, cremation, or removal, Which?)		
Cemetery or cramatory Sar Wood	Where did injury occur?(City	or town) (County) (State)
Location Parkville	Injured at home, farm, industry, public	place (where?)
1.12012	Means of Injury	injured at work?
18. Funeral director Welliam Cook		
Address 1217 St. Paul S	T. M. O.	OO Day o M. Q.
1 1 0 M	1/ 1. 23. SIGNATURE !! KLEENAL	M. D. or other
19. 12/27/47 19 4. Jh	recorrect 111,00 a	a Que Date signed (2/26/47
(Date rec'd by fegistrar)	1) S Registrar Address	Date signed.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

109558

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DIATH: County	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State
3. (a) FULL NAME Emma May Lanca	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or stronged Famula Whita Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH December 29 19 47 21 8 A.M
8.(b) Name of husband of which wand and acceptant and acceptant and acceptant and acceptant and acceptant and acceptant acceptant and acceptant ac	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 7 25 hrs. min. 9. Birthplace (Town, county, and state)	Due to
11. Industry or business At Home 12. Name Benjamin Bowen	Due to
\(\frac{1}{2}\) 13. Birthplace \(\begin{aligned} \begin{aligned} aligne	Cinclude pregnancy within months of death)
15. Birthplace Balto. Co. Md.	Major findings of operations
16. Informant Addrest 305 Glanan an ave Balto. C. Walt 17. Burial (Burial, commission, or removed Busines) But thereof (month) (day) (year)	Actopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of
Cemelery or erematury Fork M. E. Incallon Balto, Co. Mal.	Where did injury occur?
18. Funeral director William Cook Suc. Address / 217 St. Paul st	Means of Injury Italiand at work? Rollin C. Andron M. D.
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed 29.47.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10956 Reg. Diat. No. 30

5.(b) Name of bestend a wife LOVISE H (Sch) 0.5 Set) 21. I CERTIFY I had death occurred on the date above stated; I hal I attended deceased from 22. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 23. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 24. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 25. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 26. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 27. Birth date of deceased (mo., day, yr.) 28. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I hal I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from 29. I DERTIFY I had death occurred on the date above stated; I had I attended deceased from the date above stated; I had I attended deceased from the date above stated; I had I atte	1								
State County Co					2. USUA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or form in above place of death Now long in above place of death Now long in above place of death Now long in hospital or institution? 3. (c) FULL NAME See S. Color or race S. Color						•			mfr2
Rev long in above piace of death? Respital, institution, or afreet address where death occurred. Respital, institution, or afreet address where death occurred. Street No. F. C.	City or town	outside city or town	limita, write R	URAL and give nearest town)	*****				
Row long in hospital or institution, or street address where death occurred: Street No. F. S. C. C. S. S. C. S. S. C. S. C					City or tow	(If outside city o	or town limits,	write RURAL and give r	nearest town)
Row long in hospital or institution? 3. (a) FULL NAME VAITER GRAHAM LANDON 4. Sex S. Color or race MAINTER GRAHAM LANDON 5. Solor or race MAINTER GRAHAM LANDON 5. Solor or race MAINTER GRAHAM LANDON 6. Solor or race MAINTER GRAHAM LANDON 5. Solor or race MAINTER GRAHAM LANDON 6. Solor or race MAINTER GRAHAM LANDON 7. Solor or race MAINTER GRAHAM LANDON 8. Solor or race MAINTER GRAHAM LANDON 7. Solor or race MAINTER GRAHAM LANDON 8. Solor or race MAINTER GRAHAM LANDON 8. Solor or race MAINTER GRAHAM LANDON 8. Solor or race MAINTER GRAHAM LANDON 9. DATE OF DEATH DEC. 3. 9. 13 MILE ALL ALL ALL ALL ALL ALL ALL ALL ALL A					Street No. 4	Frederick	4 OY	ELA rook 1	245
3. (a) FULL NAME 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Manage, married, widowed, or divorced MEDICAL CERTIFICATION 5. (b) Name of bedeened wite 9. While Manage, file age years of deceased (mo, day, yr.) 5. (c) I alive, give age years of deceased (mo, day, yr.) 8. AGE: Years Months Days II less than one day 19 Immediate cause of death 19 Immediate caus									
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Schools extract widowed, or divorced MEDICAL CERTIFICATION 8. (b) Name of horizont wife Schools extract widowed, or divorced wife Schools extract widowed, or divorced to MEDICAL CERTIFICATION 8. (c) Name of horizont wife Schools extract widowed, or divorced wife Schools extract widowed wife Schools extract widowed wife Schools extract widowed wife Schools extract widowed with the Schools extract widowed wife Schools extract widowed with the Schools extract with the Schools	How long in hospital o	How long in hospital or institution?					***************************************		
S. (c) Name of herend or wife 9.4/3 (3. (a) FULL NAM	E						3. (b) Social Securit	y Number
Male White Maller and Series and			WAI		AHAM	LAND	ON		
8. (b) Name of horsest at wife 9.4/3.5 (c) If alive, give age years and that I last saw horsest alive on All the state of deceased (mo., day, vi.) Dec. 6 274	4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced		MED	ICAL CER	RTIFICATION	
8. (b) Name of horizontal write 9.M/B.S	Male	White	M.	arried .	2D. DATE OF	F DEATH DEATH	c. 2	0 19.97	14.15 Q.
S. (c) If alive, give age years 1. Birth date of deceased (mo., day, yr.) 2. Birth date of deceased (mo., day, yr.) 3. AGE: Years Months Uays If less than one day (Town, country, and attact) 10. Usual occupation 11. Industry or business 12. Name R1/3 x R R R R R R R R R R R R R R R R R R		/ 044	CHI	(Sch) acces)	pro				
1. Birth date of deceased (mo, day, yr.) Dec. 6 1. Birth date of deceased (mo, day, yr.) Dec. 6 1. Birth date of deceased (mo, day, yr.) Dec. 6 1. Birth date of deceased (mo, day, yr.) Dec. 6 1. Birth date of deceased (mo, day, yr.) Dec. 6 1. Birth date of death Deceased (mo, day, yr.) Dec. 6 1. Birth date of death Deceased (mo, day, yr.) Dec. 6 1. Birth date of death Deceased (mo, day, yr.) Dec. 6 1. Birth date of death Deceased (mo, day, yr.) Dec. 6 1. Birth date of death Dec. 6					ma				
Second control of the conditions Second control	7. Birth date of								
8. AGE: Years Months Bays If less than one day 73 - / / hrs. min. 9. Birthplace. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. Address 13. Birthplace 14. Maiden name. / F. S. D.	deceased (mo., day,		. 6,18						
9. Birthplace	O. AGE.			If less than one day	Car	cinoma 1-			
Due to 11. Industry or business 12. Name	7.3	-	14	hrs.	. min.			V	
Due to 11. Industry or business 12. Name	9. Birthnlace	Mary	nand	***************************************	Due to				
11. Industry or business 12. Name								== 2 == = = = = = = = = = = = = = = = =	
12. Name	1D. Usual occupation.				Due to			=======================================	
13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. 17. Surface 17. Burface 18. Informant. 19. Date of op. 19. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. PHYSICIAN: Please underline the cause to which death should be charged statistically. 20. VIOLENCE: It death was due to external causes, fill in the tollowing; 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. County. 19	tt. Industry or busines	s OWA	BY	SINESS					
14. Maiden name	12. Name	Riley	Lands	?. <i>M</i>	Other condi	itions			
14. Maiden name	₹ t3. Birthplace	س ب	d			***************************************			
Antopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	Maiden sees		-	20)-uder	17				
Autors Frederick to Overbrack Rds 17. Burial, cremation, or remove Which? Cemetery or crematory. Common Barian	14. maigen name	. 2	1		Major mad				
Address Frederick to Verbook Rds 17		/3	я.	2 / -					
Address 1-e4e) ck to Verbook Rds 17. Burial, cremation, or removal Which?) Cemetery or crematory Localion 3801 feelers 1 34. Date thereof. Dec. 22. 1947 (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?)									
17. Bull (Burial, cremation, or removal, Which?) Cemetery or crematory Localion 3801 Feelers (month) (day) (year) Localion 4801 Feelers (month) (day) (year) Localion 5801 Feelers (month) (day) (year) Localion 6101 Feelers (month) (day) (year) Localion 7801 Feelers (month) (day) (year) Localion 1801 Feelers (month) (day) (year)	Address Fre	derick +	Over	brook Rds.					
(Burial, cremation, or removal, Which?) Cemetery or crematory Localion 3801 Fleder 1 34 Localion 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			Dec. 22 194	7				
Location 3801 Hessert 34 Injured al home, farm, industry, public place (where?)	(Burial, cremation	n, or removab Which	?)	(month) (dny) (year	,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Manne of injury tolured at work?	Location 38	or Theole	rech .	Bol.	Injured al h	home, farm, Industry, pu	ibile place (when	re?)	
18, Funeral director.	to Paral dis-	Hann	11 0	Tel	Manns of in	njury		tnjured at work?	
Marie		/			*******	/	~	2 11	mo.
Address 41.01 Edwardson are 23. SIGNATURE Melon K. Fallager M.D.	Address 4/0/	cdess	dron	and II a	23. SIGNA	TURE	un h.	Hallag	uM.D.
19 /2/22 19 K) A.W. Hedrich C.T. 1/6 25 Med 12/2/4/7	10 /2/ 3	22 10 K	2 1	4-Wy Hedre	ch ,	· //	1 25 3		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10957

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH Ballignore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	Sale Mary land County Balt imore City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nostration of the contract of	Street No. Bird River & Wampler Roads (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME margaret Jennie	Lauhack 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
F W M	20. DATE DE DEATH 12/21 19.47, 21 830 A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth dale of	and that I last saw h en alive on 17/70 19 47
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediate cause, of death
8. AGE: Years Months Days If less than one day 5 14hrsmin.	Brynchopulumonia 3day
A	Branchagener Carrier
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupationat home	Dueto
11. Industry or business	
John Fitch 12. Name John Fitch Baltimore County, Md.	Dther conditions
E 13. Birthplace Baltimore County, Md.	(Include pregnancy within 3 months of death)
Sippel 14. Maiden name Baltimore County, Md.	Major fiadiags of operations.
Baltimore County, Md.	Date of op.
Mr. George Lauback Bird River & Wampler Roads	Aatopsy results
Bird River & Wampler Roads	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemelery or crematory Parkwood	Where did injury occur?
Balt imore, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lassahn Funnal Home	Means of injury Injured at work?
Address 7401 Belair Road	23. SIGNATURE Of L Koloding MD
19. 12/23 19/2) Au Herlett (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Address 45 6 delivere apt pate signed 12/21/20

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10958

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
Couety Q C T C	(For newborn infants give residence of mother)	
City or town.	Stale County Jan Cal T	00.000000000000000000000000000000000000
City or town	City or town	
How long in above place of death?	City or town	(nwn)
Hospilat, loslitution, or street eddress where death occurred:	Street No. 149 5 600 5 10000	TI
***************************************	(If rurat, give LOCATION)	V.
Now long le hospital or institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
IA/ C'C' A	4 0 00 box 100 box	
4. Sex 5. Color br race 6.(α) Siegle, married, widowed, or divorced	7 - 22 USA	
4. Sex	MEDICAL CERTIFICATION	1.15
M. WIGONRO	20. DATE OF DEATH DE COLUMN 19 14 7 st .	Dip.
FCDIGhoti M	21. I CERTIFY that death occurred on the date above stated; that I attooded deceased from	/
6.(6) Name of husband or wife	Cert 14 19 47, 10 Dece 1	19 47
T. Birth date of	and that I last saw h. Mar. alive on May 3.0 - 4.7	40
decoased (mo., day, yr.) Oct 24 /867		13
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
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13 07 1	Commission 6	well
9. Birthplace (Town, county, and state)	Duo to	.
(10wn, county, and state)	Olem calive	040000000000000000000000000000000000000
10. Usual occupation	Due to.	000000111001001100001
11. Industry or business		
# 12. Name L Q S S 10 50 F	Dither condilioes	
12. Name		
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of sperations	
15. Birthplace ROLLO	Date of on	
About F Dal ac		
18. Informant	Antopsy results	
Address 1419 13 - OOK WOOD AV.		
12 Buriel 24 47	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burlar, cremation, or removal, Which) Date thereof (modith) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur?	te)
Location 14300 Belain Pd	Injured at home, tarm, ledustry, public place (where?)	
3.0 (D) 3.28 + A	Means of Injury Injured at work?	
18. Funeral director Maria Police		
Address 7110 Delain Rd	- a signature after the hope mi	
12/3 47 A. L. Hedrich	23. SIGNATURE M. D. or other	or /
19. 17. 3 19. 17. A. W. Medrick (Data red'd by registrar)	11111 2 4 0.1. 15	. / /

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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				Reg. Dist. No		
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltin	ore					
City or town				State Maryland County Baltimore jty City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, o	r streel address where	death occurre	1:			
Spring Gr	ove State	Hospit	al	Street No. 1302 W. Lexington Street (Ifrural, give LOCATION)		
How tong in hospital o	or Institution? 4 M	onths	28 days	2.(a) If veteran, name war	,	
3. (a) FULL NAM						
				3. (b) Social Security	Number	
I	LEUTBECKER,	ADA				
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	İ	Single			
F	11		DINGTE	20. DATE OF DEATHDecember 29. 19.1.7		
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended dec		
			e) If alive, give agevears	July 31, 19 47 to Decembe	r 29,18 47	
7. Birth date of		b.(t) It alive, give ageyears	and that I last saw h.eralive onDecember 29.,	19	
deceased (mo., day.	yr.)		834	Immediate cause of death		
8. AGE: Year	s Months	Days	If less than one day	Cerebral accident		
93	3 0	23	hrsmln,	SANAL SALAKALIN COLORA LA LISA VALLA		
10. Usual occupation. 11. Industry or busines		fe	state)	Due to		
12. Name JC	hn M. Leut Germany	becker		Other conditions)* •	
E TO: ONTIPLEC		7 i o t o	Garner	(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace		TTSVa	darner	Major findings of operations.		
15. 8irthplace	Virginia			Date of op.		
A CONTRACTOR	Unamital	Dooma	<u>Ş</u>	Autopsy results.		
16. Informant				PHYStCIAN: Please underline the cause to which death should be charged	statistically.	
Address	Catonsvil		Maryland			
17(Burial, cremation	n, or removal. Which?)	Dale ther	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremat	ory Loudon	ular		Where did injury occur?	(State)	
Location	Jallin	uou	f	Injured at home, farm, industry, public place (where?)		
18. Funeral director.			ifild	Means of injury injured at work?		
	06.Bi	ddl	el St	23. SIGNATURE. Declar Fuck 12.00		
19	20-47 egistrar)		1. W. Idakush Registrar	Isadore Tuerk, M.D. M.D. Address Catonsville 28, Maryland Date signed	or other 12/29/47	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLICITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2. (If rugal, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Miss Idu Lindemeyer	3. (b) Social Security Number
4. Sex 5. Color or race 16.(a) Single, married, widerigh, or diversed Fernale White Lengle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 13 19.47 21.7 9 M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7., to Dec 1.8
7. Birth date of deceased (mo., day, yr.) left. 5- 1856 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace 4 City (Town, county, and stay) 10. Usual occupation 4 City (Town, county, and stay)	Due to Congestion Heart failure 3 day
11. Industry or business 12. Name Phillips Functionager S. 13. Birtholace Lemans	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name Course Amely Harlest 15. Birthplace New York City	(Include pregnancy within 8 months of death) Major findings of operations
Address Maronic Home, Coleganlle,	Antopsy results
17. (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year) Demetery or crematory Pales Add Conting	Accident, suicide, or homicide
Location Union City M. J.	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
Address St. Paul & Preston St. 19. 19. 19. Schwider	23. SIGNATURE Walter J. Kup M. D. or other
(Date rec'd by registrar) Registrar	Address UNULL Date signed

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The edits especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



VS A15,

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	T62	01
36		17/1
Reg. I	Diat. No	79

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	A . Manager and A		
City or lown. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	City or town. Baltimore (if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 10 hrs. 25 mins.			
Hospital, Institution, or streel address where death occurred:	Street No. 425 S. Gilmor Street		
VeteransAdministration Hospital	(If rural, give LOCATION)		
How long in hospital or institution?10 hrs 25 mins .			
3. (a) FULL NAME	3. (b) Social Security Number		
JOHN H. MASINGO	217-05-1484		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20, DATE OF DEATH, December 26 1947 31.2:25 A.		
S.(b) Name of husband or wife	17 December 06		
7. Birth date of Tampary 30, 1890	and that I last saw h imalive on December 26		
7. Birth date of deceased (mo., day, yr.) January 30, 1890	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	IOBULAR PNEUMONTA 5 days		
57 10 26hrs.			
9. BirthplaceBaltimore, Maryland (Town, county, and state)	Due 10PNEUMOCOCCUS		
10. Usual occupationJanitor	Que to.		
11. Industry or business	uue to		
	Other conditions BILATERAL INGUINAL HERNIA Unknown		
	(Include pregnancy within 3 months of death)		
14. Maiden name Catherine Ruhl 15. Birtholace Maryland	Major findings of operations.		
2 15. Birthplace Maryland	Date of op.		
16. Informant	Actopsy resultsSubstantiated above PHYSICIAN: Please moderline the eace to which death should be charged statistically.		
Address tration Hospital, Fort Howard, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. Date. 29 / 949 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which) (day) (year)	Where did Injury occur? (City or town) (County) (State)		
4			
Location 34 of Taskerts 15	Injured at home, farm, industry, public place (where?)		
18. Funeral director Harry H. Witzke Funeral Dir.			
Address 4101 Edmondson Ave. Baltimore, Md	22 SIGNATURE Handers US		
22 2017 11 Als an al	M. D. or other		
19. 12-24-17 19 () The Market () Registrar)	Address V. A. H. Fort Howard, Md. Date signed 12-26-47		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg.	Dist.	No

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2	State
(If outside city or town limits, write RURAL and give nearest town)	City or town Lame
How long in above place of death?	(It outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where destri occurred:	Street No
How long in hospital or institution? 5 223	2.(a) If veteran, name war.
3. (a) FULL NAME	
Dorothy Marie M'	Gamey 3 (b) Social Security Number
4. Sex 5. Color or rape 6.(q/Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ten. Johnly marriet	20. DATE OF DEATH Dec 4 1947, 21 4 PM
6,(b) Name of husband or wife Ath South	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days I less than one day	Immediate cause of Beath DURATION
22 6 24 hrsmin.	
Ballinger	-
9. Birthplace(Town, codnty, and atate)	Due to
10. Usual occupation	Due 10.
11. Industry or business	DUE 10.
12 Name Chan B. Myers.	Dither conditions
12. Name Oras 15: Myers. 13. Birthplace Pastinine,	
H 14. Maiden name Donathy	(Include pregnancy within 3 months of death)
14. Maiden name of Balls, O The	Major findings of operations
15. Stringlage mc Somen; a	Date of op.
16. Informant J.	Attory results
Address 32 1 10 mpleg of 2004 17	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, White) Date thereof (month) (day) (year)	Accident, suicide or homicide Cecessory Date of 1 4/2 7
Cemetery or crematory. Salto lenn	Where did Injury occur? (City or town) (County) (State)
Location Balto More.	Injured at home, farm, industry, public/place (where?)
Philip Henura Soul	Month of Come by water blan of some yes
18. Funeral director	m
Address 2024 Quesus SV	23. SIGNATURE Mearing M.D.
19. 18/5 1947 awthadaich	Depuly messeal Sycrother
(Date rec'd by registrar) Registrar	Address Date signed

Rec'd US

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10963

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn jufants give residence of mother)
County Baltimare	State Mary Land County Baltrey or
Gity or town (If outside city or town limits, write RURAL and give nearest town)	05 0-01
How long in above place of death?	(If outside city of cown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6908 Joeless Point R& -
6908 Sollers Tout 12d-	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William nestitt Mc your	211-03-2883
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH. 25 Dec. 18 47 of 9:15 A.M.
6.(6) Name of husband or wife. Chartotte Mary he Jourse	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	2
7. Birth date of day vr.) 17 Castal 1881	and that I last saw h. Cha. alive on 25 Olc. 18.47
desceased (mod days) to	Immediate cause of death
8. AGE: Years Months Days It less than one day	Conomany occlusion more ar
66 8 8min.	
9. Birthplace Monon Settelas - Penns ylvania	Due to Cosonary as terro Sclerar 2 years
10. Usual occupation. Clee frician	
11. Industry or business Electrical	Due to
(1. mustry of business	
E 12. Name danses de la fle 13. Birthplace Pennsylvagia	Bther conditions
14. Maiden name Mar Saiet Jenkins	(Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace Pennsylvania	Date of op.
18. Interment his. wm & nic grangle (son)	Autopey results
Address 6908 Sollars Point Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B A Quanting	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereof The Manual County (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
A DOLLE D	
Location Carrol Joury, Lenny germania	tnjured at home, farm, Industry, public place (where?)
18. Funeral director. Sic Canal L. Fyshills	Means of tajury Injured at work?
Address 2112 Sundalk all all	Markees & MA
12/2 - male	23. SIGNATURE. M. D. or other
(Date re'd by registrar)	Address 8 Liberty 10 shw a Main stoned 25 Dec. 47

WINDS TO THE THE STATE OF THE LIVE AND 10 P of 100 A JAN 7 1948 Romeral Bureth HAM Caroll Town , lang gloome. 2110 Emilett die

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	Reg, Diat. No,		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
countyBaltimore			
Cily or town Catonsville- 28, Mary land (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealth? 23 VIS. 2 MOS. 22 days	City or town Monkton (If outside city or town limits, write RURAL and give neares	t town)	
Hospital, institution, or street address where death occurred:	Start No. None		
Spring Grove State Hospital	Street No. None. (If rural, give LOCATION)	****************	
How long in hospital or institution? 23 yrs. 2 mos. 22 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Nu	mber	
MERRYMAN, Anne anne			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	December 37	30.00	
772001100	20. DATE OF DEATH. December 17, 19.47, at		
6.(b) Name of husband or wife Sam M. Merryman (denessed)	21. I CERTIFY that death occurred on the date above staled; that I attended deceased		
	September 25, 10 24 10 December 1		
7. Birth date of	and that I last saw h alive on December 17	19.47	
deceased (mo., day, yr.) September 22, 1860	Immediate cause of death.	DURATION	
8. AGE: Years Months Bays If less than one day	Cachexia		
87 2 25hrsmin.		ZWEERS	
Baltimore County	T		
9. 8irihplace Baltimore County (Town, county, and state)	cardiac decompensation and fibrillat		
10. Usual occupation Housewife.			
11. tndustry or business Home.			
12. Name		Idefinite	
3. Birthplace England	Secondary carcinoma of the liver undetermineditsource of death)		
14. Maiden name. Sarah Merryman		11	
E	Major fiedings of operations.		
≥ 15. Birthplace Maryland	Dale of op		
16. Intermant Hospital Records	Aotopsy resoltsas above	***************************************	
A Company of the Comp	PHYSICIAN: Please onderline the cause to which death should be charged stat	isticatty.	
Address Catonsville- 28, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
17(Burial, Gremation, or removal, Which?) Dale thereof	Accident, suicide, or homicide		
Cemetery or crematory Hereford Dapptit	Where did injury occur?	State)	
Location Parlaton RI-10:	Injured at home, farm, Industry, public place (where?)	***************************************	
Location	Means of Injury Injured at work?		
18. Funeral director	medie of many		
Address Samela med -	Osamu Tool		
	23. SIGNATURE ISAdore Tuerk, M. D.	thar	
19. 17/79 19.47 Va.w. Kedrich			
(Date rec'd by registrar) Registrar	Address Catonsville-28, Maryland Bate signed 1	6.5.4.	

PLEASE

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CHO

OPPY SENT TO LOCAL REGISTRAR NO.

DATE 12/29/47.

2411 N. Charles St., Baltimore

1316

10965*

CERTIFICATE OF DEATH

BC Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)				State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above pia	or street address where	death occurre	ł:			
			Howard, Maryland	Street No. 2234 W. Saratoga	LOCATION)	
How lone in hospital	or Institution?6	days		2.(a) If veteran, name war	Retired /	***************************************
3. (a) FULL NAI				1	3. (b) Social Security	
	GEORGE ME	VEDC			217-05-410	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
25.3	un. J.L.		Mountai			7.70
Male	White		Married	20. DATE OF DEATHDecember 7		
6.(b) Name of husbar	nd or wifeEliza	beth M	eyers	21. I CERTIFY that death occurred on the date above December 1 194	e stated; that I attended dece	ased from
***************************************		6.(c) If alive, give age	and that I last saw h im alive on Decem	her 7	19
7. Birth date of deceased (mo., day	y, yr.) 10-24-	83		Immediate cause of death		
8. AGE: Yes		Days	tf less than one day	Chronic Glomerulonephi		
6	4 1	13	hrsmln.	Market atomer atomephi		
9, Birthplace	Alleghany,	Pa.	atate)	Due to Unknown		

			***************************************	Due to	1818 8	***************************************
11. Industry or busin				One-dia- T-17		10 Mos.
岩 12. Name	ter meyers			Other conditions Cardiac Failur		-
				above	nonths of death)	prus
		olhaus		Major fiadiags of operations		
2 15. Birthplace	Germany				Date of op	
16, InformantCl.	inical Reco	rds, V	ets. Adm. Hosp.	Autopsy results Substantiated PHYSICIAN: Please underline the cause to wh	l above.	statistically.
Address F	ort Howard,			22. VIOLENCE: If death was due to external cause		
17Burial	ion, or removal. Which	Date the	eol /2/10/47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem	atoryBaltimo		ional Cemetery	Where did injury occur?(City or town)	(County)	(State)
				Injured al home, farm, Industry, public place (wh		
Location) for	ward	n. Blight for	Means of Injury	Injured at work?	
				109 %	0 /	
Address 491	4 Belair Re			23. SIGNATURE	ugh	
12/9	7 19×7	1	WHedrick	23. SIGNATURE PUGH, M. D.	M. D.	or other
(Dote read by	registrar)		De Registrar	Address V.A.H. Fort Howard	Date signed.	12-0-41

FOR BINDING

RESERVED

MARGIN

CERTIFICAT			
1. PLACE OF DEATHALY (a) Baltimore City, Maryland (b) Street address. 13 Baumont avenue (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State Maryland(b) County Beltimore (c) City or town Catonsville (If outside city or town limits, write RURAL and give town) (d) Street No. 13 Baumont Avenue (lf rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country		
3 (a) FULL NAME MARY LOUISA MILLER	WHAT IS A PLAUSE OF DESCRIPT		
3 (b) If veteran, name war NONE 3 (c) Social Security Account NONE NO. NONE	MEDICAL CERTIFICATION 20. DATE OF DEATH Decembring 18 19 47, at 3 4		
4. Sex Female White Samuel H. Widowed 6 (b) Name of husband or wife Samuel H. 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr) March 24, 1877 8. AGE: Years Months Days If less than one day 70 8 20 hr. min. 9. Birthplace Baltimore, Maryland (Town, county, and state) Housewife 10. Usual Occupation Housewife 11. Industry or business 12. Name Benjamin F. Garrish 13. Birthplace Baltimore 14. Maiden Name Isabelle Ringrose 15. Birthplace Baltimore, Md.	21. I certify that death occurred on the date above stated; that I attered deceased from Typic 19 4 6, to Jea / 4 19 4 and that I last saw have alive on The 19 4 2. Immediate cause of death Durstion The 19 4 6, to Jea / 4 19 4 and that I last saw have alive on The 19 4 2. Immediate cause of death Durstion The 19 4 6, to Jea / 4 19 4 and that I last saw have alive on The 19 4 2. Immediate cause of death Durstion The 19 4 6, to Jea / 4 19 4 and the I last saw have alive on The 19 4 2. Immediate cause of the 19 4 2 and the I last saw have alive on The 19 4 2 and the I last saw have alive		
16 (a) Informant Samuel H. Miller (b) Address 13 Baumont Avenue, Catonsvil 17 (a) Burial (b) Date thereof Dec. 17, 1947 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Baltimore	of autopsy:		
Location Baltimore, Maryland 18 (a) Funeral director William Cook, Inc. (b) Address 1217 St. Paul Street 19 (a) Country (b) Registrar Registrar	place? While at work? (Specify type of place) (e) Means of injury. 23. Signature. Address. N. D. Address.		

VS 150

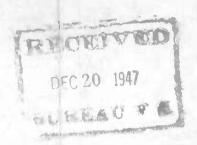
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10968

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltining	2. USUAL RESIDENCE (HC	
County. dellery	(For newborn infants give re	egidence of mother)
City or town	Slale	County
How long in above place of death?	City or town(If outside city or	town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireel No	h Rd.
		rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name wat	
3. (a) FULL NAME Many Ellen	modes	3. (b) Social Security Number
		nove
4. Sex S. Color or race 6. (C) Single, married, widowed, or	MEDI	CAL CERTIFICATION :3
f. C. marine	20. DATE DE DEATH De	C. 13- 19.47 al
6. (b) Name of husband or wife. Messin a Mose	21. 1 CERTIFY that death occurred on	the date above etated; that I ellended deceased from
7. Birth date of Section 1991	years and that I last saw h	00 4
deceased (mo., day, yr.)	Immediair cause of death	
8. AGE: Yeare Mowths Days If leee Ihan one d	Chron	er hurocardili.
84 5 —hrs.	min.	()
9. Birthplace Balto Co , md.	Due to	
(Town, county, and state)	125-4	
tD. Usual occupation	Due to	
tt. Industry or businese	11	11 80>
12. Name Salto Com	Dther conditions	
	(Include pregnanc	y within 3 months of death)
14. Maiden name	Major findings of operations	
t5. Birthplace		Dale of op
to informant mus Goden Speed	Autopsy results	
Addrese Souls maure	At All	cause to which death should be charged statistically.
B : N 00 1	A 18167 22. VIOLENCE: If death was due to	external causes, fill in the following;
(Buria, cremation, or removal, Which?) Dale thereof (month)	y) (year) Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(Cit;	y or town) (County) (State)
Location Soules Belto Co.		lic place (where?)
5 1 2 3	Meane of Injury	Injured al work?
t8. Funeral director.	0 1	
	1/	
Address pairs, may	23. SIGNATURE	11 - Thank



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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		10	3	63	
Reg.	Diat.	No		2	0

1					regi Diati itoi iiii		
1. PLACE OF DEATH:	Paltimo	me		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me	DECEASED:		
County			***************************************	state Maryland County			
						,	
How long in above place of dea	ath?25d	ays	***************************************	City or town	write RURAL and give ne	rest town)	
Hospital, Institution, or street			oital	Street No	renue		
				A.F			
	ulion? 250	ays		2.(a) tf veteran, name war			
3. (a) FULL NAME	V.				3. (b) Social Security	Number	
	Ella Mu	mma.					
4. Sex 5. C	olor or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CEI	RTIFICATION		
female	white		widowed	20. DATE OF DEATH December 1	. 1.7	.7.15 - "	
	1.						
6.(b) Name of husband or wif	eV. Al	fred l	lumma	21. I CERTIFY that death occurred on the date above			
*****		6.(c) If alive, give ageyears	November 19	December	14. 19 47	
7. Birth date of deceased (mo., day, yr.)	May 26,	1886		and that I last saw heralive onDe			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death			
61	6	18	hrs,min.	Cerebral hemorrhage	***************************************		
	Rol +imo	no Me	han fame	Due to Generalized arteri	and make	* *************************************	
9. Birthplace	(Town, o	county, and	ryland				
1D. Usuat occupation	housewi	fe	••••••••••	cardiovascular di			
11. Industry or business	home			Due toHypertensive cardi		99	
		Heffne	er	Diher conditions			
12. Name	Baltimo					***************************************	
				(Include pregnancy within 3 mo	nths of death)		
14. Maiden name	9.	1		Major findings of aperations	***************************************		
15. Birthplace	mary	and	•		Date of op	.,	
16. Informant	Hospita	l.mecor	ds	Antopsy results none			
Address				PHYSICIAN: Please underline the cause to which		statistically.	
0 . 1	Calonsy		28, Maryland	22. VIOLENCE: If death was due to external cause	s, fill in the following;		
17. Qurial cremation, or re	mival. Which?	Date her	eof (month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crematory	(ruid	Tua	ae.	Where did Injury occur?(City or town)	(O	(Chaha)	
Piles	D.D.	mar	Pand)	Injured at home, farm, industry, public place (when		(State)	
Location	ville,	1 de la	9/	Means of Injury	Injured at work?		
18. Funeral director	wigee	YM	neral some	Means or injury	injured at work?		
Address 36.3/	Flalls	Ton	d Pattimore		N D		
	- 40	0	111-	23 SIGNATURE Isadore Tuerk,	Bl•U• M. D.	or other	
19.	19	(70	Registrer	Man Cotonosilla 00 Ma		1	

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

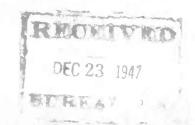
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10974

Reg. Dist. No.

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2308 (If rural, give JOCATION) 2.(a) It veteran, name war.
	MEDICAL CERTIFICATION 20. DATE OF DEATH SEC 19 12 19 47 at 4 P.
6.(6) Name of hystand or wife Ole via W. Newton. 7. Birth date of deceased (mo., day, yr.) Dec 17th 1864 8. AGE: Years Months Days If less than one day 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15. 0 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
16. Informant Address 4//6 Roanman Core Burial Date thereof 2/22/47 (Burial, committee Congressiona Location 18. Funeral director William Cook Suc Address 19. Alsc 20 19 47 Unite rec'd by registrar) 19. Congression St. Paul ST. Registrar	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

770

Reg. Dist. No.

1. PLACE OF DE	Balti	more		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
		allst	OWNRURAL and give nearest town)	State Mary Land coun		
Hospital, Institution, or Ms	street address where d	leath occurre 1e Rd		Street No. Marriotts Vill (If rural, give I 2.(a) If veteran, name war.	e Rd.	***************************************
3. (a) FULL NAM				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	3. (b) Social Security 1	
	August	Noder	er		S. (b) Bucial Security I	Tumber
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Single	20. DATE OF DEATH December	12 47	. 8:10A
			c) It alive, give age	21. I CERTIFY that death occurred on the date above 12-12-147	e stated; that I attended decea	sed from
7. Birth date of deceased (mo., day,)		1 29,		and that I last saw h im alive on not	seen alive	19
8. AGE: Years	Months	Bays 14	It less than one day	Immediate cause af death		DURATION 1 W.K.
11. Industry or busines	Farmer	****************	state)	Bue to		
12. Name	Joseph Germa		or	Bther conditions		an oodan 800 oo oo oo oo oo oo oo oo o
14. Maiden name.	Marie F Germa	************	ber	(Include pregnancy within 3 mo		
	Otto Nodere 2234 Wilki		€ •	Autopsy results	***************************************	
Cemetery or cremato	or removal. Which?) New Ca	thedr	eof 12 - 15 - 47 (month) (day) (year) a1 ad, Balto., Md.	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
18. Funeral director	John J. Poppleton 8	Cowan	& Son.	Means of Injury	Injured at work?	
Addic22	- 47		. E. E. Nichols	23. SIGNATURE D.D. Cap Addres Reisterstown, Md		

INDER TO DESIGNATE BY NATE ORGANIANA

STATE OF DEATH

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STORY OF THE STORY	
	15C 15 1947
	FIRST B

2411 N. Charles St., Baltimore

Reg.	Diat.	No.	41	

	CERTIFICATE OF DEATH	Reg. Diat. No.
City or town	City or town	esidencé of mother) County
Hospitat, institution, or street address where death occurred: How long in hospital or institution?	Sigel My Orange	ruraf, give LOCATION)
3. (a) FULL NAME	nie har fleet.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married	d, widowed, or divorced MEDI	ICAL CERTIFICATION See 6 147 11 94
6.(6) Hame of husband or wife	g give age years	the date above stated: that t aftended deceased from
7. Birth date of deceased (mo., day, yr.)	0/1447.	ON
8 11	hrs. min. Pronoh-fr	
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to le sales	
11. Industry or pusiness 12. Name Confidence Rework Re	fleet. Differ conditions	ing.
14. Maiden name Berks ville	(Include pregrand	y within 3 months of death)
16. Informant Baroke 20	Col. Antopsy results	canse to which death should be charged statistically.
Address 40 1 10 11 Col. 17 (Burial, cremation, or removal, Which?) Date thereof	Muser	external causes, fill in the following:
Cemetery or crematory Marketing	Whera did injury occur?(Cit	y or town) (County) (State)
18. Funeral director Elroy O Wil	Means of Injury	fnjured at work?
Address 1000 Braulley	23. SIGNATURE	and the man of the state of the
19. (Date rec'd Vy registrar)	Registrar Address.	Date right A

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A15 SA PLEASE WRITE PLAINLY,



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



Reg. Dist. No.

1. PLACE OF DEATH: County Parkville City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or streel address where death occurred: 3015 Willoughby Avenue How long in hospital or inslitution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Parkville City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 3015 Willoughby Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Sophia Nyfeldt	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE OF DEATH December 21st, 47 at 50 M
S.(b) Name of husband or wife. Nils M. Nyfeldt 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Aug. 27, 1871	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6 to to 19. 4.7 and that I last saw h L.M. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace	Due to.
11. Industry or business August Kochner 12. Name Germany	Other conditions Chromchycardia 7 4424
	(Include pregnancy within 3 months of death)
Josephine Voytch 14. Malden name. Germany	Major findings of operations.
16. Informant Mr. Nils M. Nyfeldt	Autopsy results
Address 3015 Willoughby Avenue, 14 Burial Date Hereof 12024-47 (Burlal, cremation, or removal, Which?) Cemetery or crematory Holy Redeemer Location Baltimore, Md. 18. Funeral director Leonard J. Ruck Address 5305 Harford Road, 14 19. 1223 1947 All Hedrich The Registrar 1947 All Hedrich The Registrar 1948 All	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

CERTIFICATE OF DEATH

10974 44

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: BOLLINGE City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Richard C. Oberd	3. (b) Social Security Number
4. Sex	MEDICAL CERTIFICATION 20. DATE DF DEATH. Security 3 1942 at 36. 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 1947 to 23-1947 and that I last saw have allive on 2 1947. Immediate cause of death. Casalis Seafinal Seafinal Seafinal DURATION 24 Mrs. Due to 0. On analyzin 000
10. Usual occupation	Differ condillons Advisory Caramon along 4mm of Canadillons Advisory Caramon along 4mm of Canadillons Advisory along 4mm of Canadillons (Include pregnancy within amonths of death) Major findings of operations
Address # Se. Aprilly Sparward County 17. Burial, cremation, or removal. Which (Burial, cremation). Or removal. Which (month) (oby) (year) Cemelery or crematory. Control of the county of the count	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide

914012 Tree to the To. TT 3 824 4021. 33.04 Reserved a Madage much white married And I was to the This of the 11st 4st DEC 18 1947 a you and a the first of the same of the foliant of feether C. Sala Malana & Sty

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH							
		TITLE	TOA		OF	DIE	TI
	P K			P 19	() H		

CERTIFICAT	TE OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
many Julia O'Alle	3. (b) Social Security Number
4. Sex 5. Color or race/ (\$.(a)Single, married, widowed, or divorced Thite Thilamed 6.(b) Name of husband or wife Atothur 6. O'dlell	MEDICAL CERTIFICATION 20. DATE OF OEATH. Lec. 2 1947. at 10:008
7. Birth date of / - / 2 - / 8 7 5	and that I last saw h acceptable on
8. AGE: Years Months Days If less than one day 7 2 // 9hrsmin.	Grebral heurshage DURATION
9. Birthplace	Due fo
11. Industry or business 12. Name	Dither conditions
14. Maiden name. annie Reddish. 15. Birthplace Bastim Shore, Ind.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Statter Callefle Address	Antopsy results
17. D. Mich (Burial, cremation, or removal, Which?) Oute thereof Det 2. 4 % (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Wards Chapil	Where did injury occur? (City or town) (County) (State)
Location Holbrook maryland	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director. Le Harry Will. Address Sephervelle maryland 19./2/2/ (Dyte rec'd by registrar) 19. Registrar Registrar	23. SIGNATURE . M. D. or other M. D. or other

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF is especially important.

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2411 N. Charles St., Baltimore

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	Reg.	Diat.	No.	

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death?1year,1month,28days. Hospital, institution, or street address where death occurred:			
Spring Grove State Hospital			
How long in hospital or institution?1year.,1month,28days	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Marie Orman			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. Date of Death December 17 19 47 21 3:50 a		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 1946 to December 17 19 17		
7. Birth date of	years and that I last saw her alive on December 17 19 17		
deceased (mo., day, yr.) March 14, 1911	Immediate cause ul death DURATION		
8. AGE: Years Months Days It less than one day	Cachexia 4 mos.		
36 9 3hrs.			
9. Birthplace			
1D. Usual occupation			
	Due to		
11. Industry or business Home			
James Charles Moore 12. Hame Virginia	Dther conditions		
13. Birthplace Virginia	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Isabelle Carver			
14. Malden name	Majur hudiugs of operations.		
	Date of op		
16. Informant Hospital records	Autupsy results		
Address Catonsville-28, Maryland			
17. Burial — Date thereot 2-13-148 (Burial, evenation, or removal, Which?) (Burial — (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Cemelery or crematory Spring Grove State Hospital.	Where did Injury occur?		
Location Catonsville 28, Md.	Injured at home, farm, Industry, public place (where?)		
	Msens of Injury Injured at work?		
18. Funeral directorSpring Grove State Hospital	Dadre fresh		
Address Catonsville 28, Md.	23. SIGNATURE. Isadore Tuerk, M.D. M.D. or other		
19. 2-13 (Date rec'd by registrar) 19. 48. VE Harry Regis			
(Date rec'd by registrar) Regis	trar Address Cationsville-28, Wd. Date stened 12-17-17		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10975

CERTIFICATE OF DEATH

Reg. Dist. No.9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County Baltimore City or town Towson L, Maryland	State Maryhand county Baltimare City
(If outside city or townsituits, write house and give hearest town)	City or town Delimer
How long in above place of dealh? Since Fib 18,1946	(If outside city or town) mits, write RURAL and give mearest town)
Hospital, Institution, or streel address where death occurred: Eudowood Sanatorium, Towsond, Md.	Street No. / Stree
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME alkert Paulak	3. (b) Social Security Number
4. Sex) 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Delember 10 1947 avoiss P.
Mentrude Lawlake	21. I CERTIEY that death occurred on the date above stated; that I altended deceased from
8,(b) Name of Ausband or wite	
7. Birth date of Share 1 (950	and that I last saw h. Mag. alive on Decisified 10 1947
deceased (mo., day, yr.) assis 1, 1900	Immediate cause of death DURATION
8. AGE: Years Months Days It tess than one day	Immediate case of death
47 8hrsmin	Pulmonary Tuberculasio Since
Raltineze hel	he les
9. Birthplace Jan Man (Toys, county, and state)	Due to.
10. Usual occupation Raif Classe Operator	
4	Due to
11. Industry or business	
12, Name 12, Name	Other conditions
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Include pregnancy within 3 months of death)
14. Malden name. Mary Sulstak 15. Birthplace Lemany	
To an all the second	Msjor findings of operations.
Powgenal History Hamital Peaneds	
Personal History - Hospita/1 Records	Actorsy results.
Address Eudowood Sanatorium, Towson 4, Md.	PHYSICIAN: Please undertine the cause to which death should be charged statistically.
Bus 0 12/15/47	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot. 2/15/45) (goodth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mrt. Carriel Coal	Injured at home, farm, industry, public place (where?)
16. Funeral director M. F. Declowshi 4 Son	Means of Injury Injured at work?
Address 1808 Eaglery Ore	Ir Whitees
12-12- 01/11/11/1	23. SIGNATURE M. D. or other
19. (Date rec'd by recistrer)	Address Towson 4, Md. Date signed 12-10-41

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If roral, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) DURATION Years 8. AGE: 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death ahould be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) (Connty) Injured at home, farm, Industry, public place (where?) Injured at work? Meana of Injury Registrar (Date rcc'd by registrar)

information carefully of death clearly and tem of i every it write Supply please ADING INK.
Physicians: 1 important. especially PLAINLY, is especially PLEASE WRITE

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2. USUAL RESIDENCE OF DECEASED:

(a) State July (b) County.

(d) Means of injury Styck

23. Signature

Date signed.

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1. PLACE OF DEATH:

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1/1	(a) Baitimore City	, iviaryian	d / +	Mariana	L	
3	(b) Street address		1083	11000000		
2	(c) Hospital or ins					
.	Veters	ma a	Lane.	Hopel		
legibly	(d) Length of stay in hospital or inst. (yrs., mos., or days).2.8					
leg	(e) Length of stay					
and						
	3 (a) FULL NAME	3 (a) FULL NAME EUGENE				
clearly	3 (b) If veteran, name war 3 (c) Social Security Account No.					
death	4. Sex 5.6	Color or ra	ce 6 (a)	Single, married, v	vidowed, or	
de	male	Colores	divor	ced. Marrus	. 0	
of		1		1.100	2	
	6 (b) Name of hu	sband or w		lowthy O	eargon.	
causes			6 (c)	If alive, give age	/8 years	
Cal	7. Birth date of de	ceased (m	o., day, yı	r.)		
the	8. AGE: Years	Months	Days	If less than o	one day	
			25		min.	
write	23	10	20	hr	mın.	
	9. Birthplace	Hu		<u>~</u>		
lease			0	county, and state)		
ple	10. Usual Occupat	tion	ew the	ell work	S	
S :	ll. Industry or bu	siness				
cians:	E 12 N	Eugen	10 Po	arson		
Sici	12. Name	Wy.	1	•	* '	
hy	13. Birthplace	de	un.	Thelemore	sville	
д . П	H 14. Maiden Na	me Do	rat	hent		
rtant.	15. Birthplace	Jes	un (7	Wlemores	wille)	
p,	16 (a) Informant.					
].E	(b) Address					
113	17 (a) Bur	100	(7)D	ate thereof Wor	215/40	
especial	17 (a) Burial, crem		(0)Da noval)	(month)	(day) (year)	
spe	(a) Caracteria	Bethe	602	motor		
_	(c) Cemetery		1 y x		7	
13.12	Location	Can	Lu	edge 4	wel	
age	18 (a) Funeral di	rector	vis)	1 Days	nevy	
	(b) Address.	1	lore	dastr	na	
correct	12/1	_ /	b) A.	1.1	11	
CO	(Date rec'd by	registrar)))	D	Registrar	

	(c) City or town (If outside city or town limits, write RURAL and give town)
١	(d) Street No. 18 15
ļ	(c) Citizen of foreign country?(Yes or No)
	If yes, name country
	PEARSON
١	MEDICAL CERTIFICATION
۱	20. DATE OF DEATH Wee 15 1947, at 62 M
l	21. I certify that I took charge of the remains described above, held an
	Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry
	by said Autopsy, Inspection or Inquiry, find that said deceased came
	to his death on the day stated above, and death in my
ĺ	opinion resulted from: natural causes [], accident [], suicide [],
I	homicide [], undetermined [] and that the causes of death were:
	IMMEDIATE CAUSE OF DEATH.
	Pulmonary embolism
ı	Acute dilatation of rt. ventricle of her
	Acute dilatation of rt. ventricle of has
ı	
	Other Conditions Fracture thoracic sprine
	Compression of spinal cord.
	(Include pregnancy within 3 months of death)
ı	
ı	22. If an external cause was primary or contributing cause of death, fill in the following,
l	(a) Date of injury 11/3/47 at About 10 a M
	(a) Date of injury 11/3/47 at about 10 a M. (b) Where did injury occur? Cambridge, well
	(c) Did injury occur at home, on farm, industrial place, in public

Medical Examiner.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown	State Maryland County Baltimore City or town Middle River, Md. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: O O Y Deltar Pt. Pd. How long in hospital or institution?	Street No. 1004 Wilson Point Rd., Apt. B. (If rural, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Number	
	3. (o) Social Security Number 214-09-7451	
4. Sex S. Color of Face G. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF OEATH DECE AN BER 29 1947 at 12:10P.	
6.(b) Name of husband or wife. Hannah M. Pirie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 - 20 19.4.7. to 13 - 29 19.4.7	
7. Birth date of January 21st, 1890	and that I last saw h. 11 alive on December 27 18 47	
accesse (mod as) you	Immediaic caose of death. ORONARY OURATION	
8. AGE: Years Months Days If less than one day	Occlusion, Acute	
9. BirthplaceScotland (Town, county, and state) 10. Usual occupation	CARDIO-VASCULAR DISEASE	
11. Industry or business G.L. Martin Co.,		
12. Name John Pirie 13. Birthplace Scotland	Other conditions	
14. Maiden name Elizabeth Fairgraive Scotland	(Include pregnancy within 3 months of death) Major fiedings of operations	
16. Informant Mrs. John Pirie 1004 Wilson Point Rd., Apt.	Actorsy results	
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory. Lawrence Cemeter	Where did injury occur?	
Location & leveland @ Pis	Injured at home, farm, Industry, public place (where?)	
18. Funeral directors assalm Funeral Home.	Msans of Injury Injured at work?	
Address 7401 Belair Rd.	23 SIGNATURE La Sepher Levelon, Mid	
19. 12 30 47 Wedlech (Date rec'd by tegistrar) (Date rec'd by tegistrar)	Address Loo 6 Hilson Pt Rd Date signed Dele 19 4	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10979 Reg. Dist. No. 44

5701

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants exercised encoor mother)
City or town	State Maryland County Pallings
7-1	Cily or town
How long in above place of death?	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Deorge Washington Vit	3. (b) Social Security Number 717-07-5448
4. Sex 5. Color of race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Col widown	20. DATE OF DEATH Decamber 16 47 , 21 3:30 PM
6,(b) Name of husband or wife. Carrie Ketts	21. I CERTIFY that death occurred on the driff bove stated; that I attended deceased from
7. Birth date of Veelnles (2019)	and that I last saw h. Annalive on December 10 5 7 19 4 7
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death apopley 1 , o day
70 /8min.	
9. 6irthplace (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. Name State Sta	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name	
Q 45 Bishbalasa	Major findings of operations.
D'4	Date of op.
16. Informant	Antopsy results
Address Address Age	22. VIOLENCE: tf death was due to external causes, fill to the following;
(Burial, cremation, or regoval. Which?) Date thereof (month) (da) (year)	Accident, suicide, or hamicide
Cemetery or crematory shoup street Cemeleng	Where did injury occur?
Location Chase Ind	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Mass Pott a Elliste Del	Means of injury injured at work?
Address 1129n. Caroline St	25. SIGNATURE At Thomas mgo.
19. 12-29 - 19. Shu D. Connelly (Date rec'd by registrar) Registrar	Address Sta Date signed 27/x7.

JAN 7 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
County DEATH: DEATH: DEALLY COUNTY CIty or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County Dan DALK (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Stundey	Podsia dlo 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced marked marked	MEDICAL CERTIFICATION 20. DATE DE DEATH. De Combon 23.19.47. pt. 4.20.
B.(b) Name of husband or wife SLella 6.(c) If alive, give age 63 years 7. Birth date of	21. CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44 to 7.62 13
8. AGE: Years Months Days the less than one day	Immediate cause of death Coloner Forms Daniel Coloner
9. Birthplace	Due to Cartrusclessus # da
11. Industry or business 12. Name 13. Industry or business	Due to
13. Birthplace Poloud	(Include pregnancy within 3 months of death)
14. Maiden name Auga ? 15. Birthpiace Poland	Major findings of operations
18. Informant OTCHA Stangal Ave.	Autepsy results PHYSICIAN: Please underline the cause te which death shenld he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
Location German HIU Rd.	Injured al home, farm, industry, public place (where?) Means of injury Jnjured at work?
Address Lowbard & Hny Sts.	23. SIGNATURE LES L'Aufacki, M
19. 12/26 19.47 A.W. Ledrick (Dato rec'd by registrar) Q.S. Registrar	Address 126 S. Robert McD. or other 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(/)	les St., Baltimore
CERTIFICA	TE OF DEATH Rog. Dist. No. 38
1. PLACE OF DEATH: County Baltimore City or town Tows on 4, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Tows on 1, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Cit outside city or town limits, write SURAL and give nearest town) Street No. 3 2 (If rural, give LOCATION)
How tong in hospital or institution?	2.(g) If veleran, name war 3. (b) Social Security Number
wong Poo	
4. Sex 5. Colofor race 6.(a)Single, married, widewed; or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DIC 10 1947 at 1.2
8,(6) Name of hasband or wife	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
8. AGE: Years Months Days It less than one day 5 0 2hrsmin.	Tulbarlos 1 94
9. Birthplace (Town, county, snd state)	. Due to
10. Usual occupation	Oue to
12. Hame Worg on Pou	Dther conditions
E 14. Malden name Chas Chec	(Include pregnancy within 3 months of death) Major findings of operations.
Personal History - Hospital Records	Autopsy results
Address Eudowood Sanatorium, Towson 4, Md. 17. Bural (Burial, cremation, or remove), Which?) Dale thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory. Lorsaine Location Woodlawn Ind.	Where did injury occur?
18. Funeral director Stewart & mousen Co. Address 108 W. Morth and Cily #1	Meens of Injury Injured at work? 23. SIGNATURE M. D. or other
19. Date rec'd by registrar) 19. Registrar	M Taman I. Md

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VS A15

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 830

10382

/ OERTH TOAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. S. Co. S. Co. S. C.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William C.	Psince 3. (b) Social Security Number
Male Thuse S. (a) 6 ingle, married, widowed, or divoscood Male Thuse Surgery	MEDICAL CERTIFICATION 20. DATE OF DEATH. DE 19.42 at 5 P.
8.(b) Name of husband or the Emma I Isincl 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; fhal I attended deceased from
7. Sirth date of deceased (mo., day, yr.) Sune 26 1869	and that I last saw h. Loos. alive on
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Cerebral Hernorrhage 12/4/4
9. 8irihplace Baltimuse Go Ind (Town, county, and state)	Due to alters - 5 clerons
10. Usual occupation All Miles 159 Stall	Due to.
12. Name Jolin Plinel 13. Birthplace England	Olher conditions
14. Maiden name. Mikkum. 15. 81rthplace Mikkum.	Major findings of operations.
\$ 15. 8 rthplace Mukeyon	Date of op.
16. Informant Isyma I Crimie	Autopsy results
Address 516 Sussey Road Withoundale	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlal, cremation, or removal. Which?) Date thereof D. (247) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory St Jolisi's blue Havesly	Where did injury occur?
Location Bld Yord Road & 31" St	Injured at home, farm, industry, public place (where?)
18. Funeral director John a Magan	Means of Injury Injured at work?
Address 3600 & Baltimos 84	23. SIGNATURE Louis A. Tremucin
19. 12-9 1947 S. W. Jedrick Registrar	Address Z E 2 10. 1 Cours od Date signed 1 10/8

2411 N. Charles St., Baltimore

E OF DEATH

Reg. Diat. No.

	State MD County BALTIMURE
	City or town (if outside city or town limits, write RURAL and give nearest town)
	Sireet No. Z608 BRANNON AVE (If rural, give LOCATION)
.	2.(a) II veteran. name war
)	PULLER. 3. (b) Social Security Number
1	MEDICAL CERTIFICATION
li	Ø.
-	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2	
	and that I last saw halive on
= !!	Immediaje cause of death
	Ogrango celly Many
	Due to
	Due to
-1	
	Other conditions
1	(Include pregnancy within 3 months of death)
1	Major findings of operations.
-	Date of op.
.	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
-1	22. VIOLENCE: If death was due to external causes, fill in the following:
.	Accident, suicide, or homicide
	Where did injury occur?
.	Injured at home, farm, Industry, public place (where?)
	Msans of Injury Injury Injured at work?
	m. e 2 9
-	23. SIGNATURE Milear Sty. D. or other
r	Address. Sale seed of The Layers

Supply every item of information caref UNFADING INK. PLEASE WRITE PLAINLY

SA

CERTIFICAT	TE OF DEATH Reg. Di
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male Mule, Dermeel.	MEDICAL CERTIFICATE 20. DATE OF DEATH
6.(b) Name of husband or wife 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above slated; that t
10. Usual occupation	Due to
12. Name	Other conditions
14. Maiden name 11 15. 8irthplace 11 16. Informant MRS ALMA MAEBY	Major findings of operations
Address 2203 SPARROWS PT. NO. 11. BURIAL Date thereof (22/29/47) (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory OAK LAWN. Location FASTERN AVENUE 18. Funeral director. JOHN F. DENNY, INC.	22. VIOLENCE: If death was due to external causes, fill in the formation and accident, suicide, or homicide
18. Funeral oriector Address 7/5 LIGHT ST - 30 19. 12/27 19 49 Q-M Welfrich	23. SIGNATURS melical

2411 N. Charles St., Baltimore

940 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: county Baitimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	Cily or town Pikesville-8 (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Smith Avenue extended	Street No. Smith Avenue, extended		
How long In hospital or Institution?	(If rural, give LOCATION)		
3. (a) FULL NAME			
Harry Reynolds	3. (b) Social Security Number		
4. Sex 5. Color or raco 6.(a) Singlo, marriod, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Marrico	20. DATE DF DEATH December 3 19 47 of 8 Pa M		
6.(b) Name of husband or wife Maleut. 3000	21. I CERTIFY that death occurred on the dato above stated; that I attonded deceased from 12-3-147 19 to 12-5-147 19		
7. Birth date of	and that I last saw him allvo on not seen alive 19		
docoaeed (mo., day, yr.)	Immediate cause of deeth DURATION		
8. AGE: Yeare Months Days It loss than one day	Coronary Occlusion 10 mins		
17 1/2 min.			
8. Sirthplace (Toyn, county, and stage)	Duo to		
10. Usual occupation lufter Mion lumer			
11. Industry or Intisinese	Due to		
12. Name 211 Leyman Ohio	Dther conditions		
14. Malden name Day Dunger	(Include pregnancy within 8 months of death)		
15. Birtholace Il Mulena A TV (9)	Major findings of operations.		
16. Informant Lang As Regimbles	Autopsy results.		
Address 232W/ N albert F.	PHYSICIAN: Pleese underline the cause to which death should be charged statistically.		
Sund Date thereof 13/6/4/	22. VIOLENCE: If death was due to external causee, filt in the following:		
(Burial, cremation, or removal. White!) (month) (day) (year)	Accident, autoide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Control Contr	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of injury Injured at work?		
Addrese 1219 f Tout 87.	23. SIGNATURE Dr. D. D. Egylis Jud. Exam. M. D. or other		
19 Atec. 6 19 4 7 A. W. Neckster (Date rec'd by registrar)	Address Reisterstown, Md. Pale slead 12-4-147		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

VS A15

'. The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		20
Reg.	Dist.	No.

			CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slale
			e) If alive, give ageyeara	and that I last saw h sub alive on 12 (26 / 17) 19
8. AGE: Years	Months	0aya	If leas than one day	Immediale cause of death
68	5	2	hra min.	Granery preduction 2-de
10. Usual occupation	Dolphin Ouis Ric rsaw, Va Louisa C A. A.	Radiate hards		Due to
Burial (Burial, cremation, or Cemetery observation	woodlawn Madlawn Madla	Date there Com. Id. KNER. &	SONS INC. Local 17, Md. Registrar	Whera did Injury occur?

WRITE

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VS A15

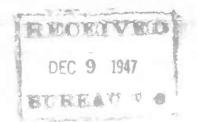
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

10386 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Maude Richards	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. DEC 2/47 19
John	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8 ACF. Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days IT less than one day	Combrel accelent
a Bishalasa h Go	Que fo
9. Birthplace	
1D. Usual occupation	Due fo
11. Industry or business	
12. Name Lewis Colstee	Other conditions
/ 7 /	(Include pregnancy within 3 months of death)
14. Maiden name Leftebox 15. Birthplace H.C.	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant	Autopsy resalts
Address 29th. Myddle River Rd	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, sulcide, or homicide
met Lange	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location	Means of injury Injured at work?
18. Funeral director	0000
Address 14 57 Eastern grap 174	23. SIGNATURE M. V.
19. Nec. 3 1947 Sohn J. Comelly	Deputy medical Discional 1/1/2



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

10987 Reg. Dist. No. 37

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 13 ellenise	(For newborn lufants give residence of mother)
City or town. (If outside city or town limits, write RUKAL and give nearest town)	Siate County County
(If outside city or town limits, write KURAL and give nearest town)	City or town / Saltemen
How long in above place of death? # 444600	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or sireet address whate death occurred:	Street No. 1324 Pustum Pl.
manne of the same	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mes Gestrude Simpson Red	gely
4. Sex 5. Color or race 6.(a) Single, marryed, widowed, or divorced	MEDICAL CERTIFICATION
I with william	Den 19 42 5450
Vemale Mille Hiller	2D. DATE DF DEATH Dec 19 19 47 25 43 Q. M
8.(b) Name of husband or will to have J. Undgely	21. I CERTIFY that death occurred on the dale above stated; that lattended deceased from
6.(c) It alive, give ageyears	Oct. 29 = 19 47 to Dec 19 19 4
7. Birth date of	and that t last saw half alive on Dice 19 19 42
Beceased fine, as the Mark of the Control of the Co	Immediate cause of death
8. AGE: Years Months Days If less than one day	acute congestion heart
71 11 22nrsmin.	factions
3. Birthplace Bultimore	Due to.
3. Birthplace (Town, county, and state)	arteria Selevaria
1B. Usual occupation	
	Due to
11. Industry or business	
12. Name Place Stonard Co	Ther conditions Cerebrat arteris delenses
3 13. Birihplace Avenue Co	
11 Maidan nama Elisabeth Mark	(Include pregnancy within 3 months of death)
14. Malden name Alizabeth Snack 15. Birthplace Bultimore	Major findings of operations
∑ 15. Birthplace / Zullemore	Date of op.
16. Informant Janua M. Schweder	Autopsy results
011 11 11 10	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Masonic Hame, Consignable	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. / Durant or removal, Which?) (Burial cremation or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
A 1 (A 1) A	
Cemelery or crematory Description Caroling Camally	Where did injury occur?
Incaller TSaltimore	Injured at home, tarm, industry, public place (where?)
Q1/ P	Means of Injury Injured at work?
18. Funeral director Mys. Cooles	
Address S. Parol & Preston SI	Water of King Soft
12 11/2 9 10 11	23. SIGNATURE M. D. or other
19./2-/9-47 19 Jawa M. School	Address Cockysnelle Md Bate signed 12-19-47



2411 N. Charles St., Baltimore

10988

CERTIFIC	ATE OF DEATH Reg. Dist. No.
County Galdware City or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside fity or town limits, write RURAL and give nearest town) Street No. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Therbert Suffers on	Roberts 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marlied, Friderical, or divorced M.	MEDICAL CERTIFICATION 20. DATE OF DEATH Sec. 13 19.47 21.44
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
7. Birth dale of deceased (mo., day, yr.) #20.28 /879 8. AGE: Years Months Days if less than one day /5	and that I last saw h 12M alive on Alle 12 1947. Immediate cause of death 008A1 Pravilet Course of death alive on Alle 12 1947. Immediate cause of death 008A1
9. Birthplace	Due to. Selvenlyes deteriorscheroses Due fo
11. Industry or business 12. Name	Other conditions
14. Maiden name Parthenia Edmando 15. Birthplace Va.	Major findings of operations
Address 2 P22 Lodge Farm Rd.	Autopsy results
17. (Burial, cremation, or removal. Which?) Oate thereot. /2-16-42 (month) (day) (year)	
Commetery or crematory Att. Outrasy Location	Where did injury occur?
18. Funeral director Samuel W. Sullivian Sq.	Means of injury Injured at work? 22 SIGNATURE LOUIS N. Toellin Mul
19. 12 to 19. (Date registrar) 19. (Date registrar)	6908 North Paux RA. Balla M. Dgrother

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

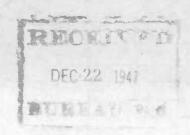
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10989

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

City or town(12 of How long in above place Hospital, institution, or	Baltimore Woodlawn utside city or town I of death? street address where	mits, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State	
				2.(a) If veteran, name war	
3. (a) FULL NAM			ie Sauter	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	5	Single	20. DATE DF DEATH December 4 19 47 at 6 A.	
11.	05 - OA	6.(6	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from Lea 1944, to 1944, 1944	
8. AGE: Years	Months	Days	If less than one day	A desired of desired o	
6	2 6	10	mln.	Garehal hungrihan I day	
1D. Usual occupetion	None	•••••	ty.a. Md.a.	Due fo	
12. Name				Other conditions	
14. Malden name.	Georgia Vir	nna Por ginia	unty, Md.	(Include pregnancy within 3 months of death) Major findings of operations	
16. InformantAr.	C. Ellswage Road,	orth Sa	auter	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Bur (Burlal, cremation	ial , or removal. Which?	Date ther	Dec. 6, 1947 (month) (day) (year) metery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
1B. Funeral director.	1/14,00.	Heigh	morran	Means of injury Injured at work? 23. SIGNATURE M. D. or other Address. Harrisonville, Md. Date signed/2/4/4.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

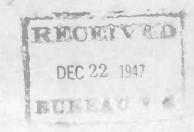
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10990

CERTIFICATE OF DEATH

Reg. Diat. No. . 3 . /

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Beltimore Rendellstown				State Md. County Baltimore	*******
City or town. Randall stown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: Old Court Road How long in hospital or institution?			:	City or fown Randal stown (If outside city or town limits, write RURAL and give nesrest to Streef No. Old Court Road (If rural, give LOCATION) 2.(g) If veteran, name war.	,
3, (a) FULL NAME			***************************************	3. (b) Social Security Numb	
3. (a) FULL NAME	E1	izabeth	Schildwatchter	3. (0) Social Security Number	28
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White		".iaowed	20. DATE OF OEATH November 29 1947 , all	.50P M
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, 10	
7, Birth date of deceased (mo., day, yr	Annil 1	0, 1861) If elive, give ageyears	and that I last saw h. er alive on 2007	DURATION
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DUNATION
86	7	19	hrs	Cardio Nascular Dineare	
1	No ne		tate)	Due to	
12. Hame	uergen Pe	ters		Other conditions	000000000000000000000000000000000000000
13. Birthplace	Germany Miss Ma	rtin		(Include pregnancy within 3 months of death)	
14. Malden name 15. Birthptace	Germ			Major findings of operations	
to Informati IT'S.	Austin V. Court Ra.	iderna , Pike:	n sville P.O., Md.	Autopsy results	cally.
17. Burial (Burlal, cremation,	Tangor)	Dec. 2, 1947 (month) (day) (year) Cenetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location	Baltim	ore,		Injured at home, farm, industry, public place (where?)	
18. Funeral dicector	Liberty		moreau Ave.	a nem L'	
/	164.7	1	EMatin Registrar	23. SIGNATURE M. D. or other Marrisonville, Md. Date signed 2.	9/47



PLEASE

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2927 Ohio Ave County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md State County Baltimore Highlands (If outside city or town limits, write RURAL and give nearest town) Street No.		
How jong In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME Giuseppe Serra	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH OR 2 1947 21 3 P		
6.(b) Name of Nusbind of wite late Tersilia Serra 6.(c) If alive, give age 7. Birth date of feceased (mo., day, yr.) Feb. 28 1867	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47 to 19. 42 and that I last saw h. 19. 21 and that I last saw h. 21 and that I last saw h. 22 and that I last saw h. 22 and that I last saw h. 22 and that I last saw h. 23 and that I last saw h. 24 and that saw h. 24		
8. AGE: Years Months Days If less than one day 3 hrs.	min. (What Juntos Will		
9. Birthplace Decimo Bologna (Italy) (Town, county, and state) Retired 10. Usual occupation. 11. Industry or business 12. Name Paolo Serra 13. Birthplace Italy 14. Maiden name Silveria ? 15. Birthplace Italy	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
Emma Nicolai (Daughter) Address 2927 Ohio Ave (Baltimore Highland Md Burial Jan. 3rd 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Holy Redeemer Belair Rd. Baltimore Md. Location Md. 18. Funeral director Frank Oslos Loce 19. Funeral director Frank Oslos Loce 19	22. VIOLENCE: tf death was due to external causes, fill in the following;		
Address 52 N.Morley St.	3. SIGNATURE WILLIAM D. or other		

Registrar Address....

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10992

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State MA County 12alb
City or town (If outside city or town limits, write RUKAL and give nearest town)	Cata An OO O
How long in above place of death?	(if outside city or townshimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 607 (If ruph), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME EVALYNIV	3. (b) Social Security Number
Evalynn M. Severson	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenale White Married	20. DATE OF DEATH. Dec 16 19.47 'et 6 P. M
6.(b) Name of husband or wife. Stephen W. Severson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1940 19 to December 19 47
7. Birth date of deceased (mo., day, yr.) July 19. 1861	and that I last saw her alive on December 194.7. Immediate cause of death. Probably a gastrointes DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death Probabily a gastrointest buration tinal carcinoma. Patient has been
66 H 27min	***************************************
8. Birthpiace Baltimore Med	Oue to arthritis and totally incapaci-
(Town, county, and state)	tated. She has had a progressive
10. Usual occupation	Due to wasting, loss of weight, and
11. Industry or business	anemia, During the past year
E 12. Name David F. Orr	Other committees symptoms suggestive of an apper
2 13. Birthplace Nova Acolia	gastrointestinal tract lesion. Due
# 14. Malden name Evalynin Mc . Sporran	to http://dprorance.withditTthrostidies could not Major findings of operations
15. Birthplace	No operation. Date of op.
16. Informant Stephen W. Severson	Autopsy results. None.
Address 60/2 Orbinston Road	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
12	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Jate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Loudow Park	Where did injury occur?
Location 3801 Prederick Cive	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mr. Nus. John N. Denfel & Son	Means of Injury Injured at work?
Addison 5311 Edwardson Off	23. SIGNATURE TULE, Cotago.).
19018 MM DID LEDNINI	M. D. or other

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10993

668

	Daniii	Reg. Dist. No	
1. PLACE OF DEATH: County Saltaie ore	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	nother)	1
Cily or town (If cartaide city or town limits, write RURAL and give nearest town)	State Manual Cour	. 12/1/	one /
How long in above place of death?	City or town (1f outside city or town limits,	, write RURAL and give near	rest town)
nospilat, institution, of street address where death occurred:	Street No. (If rural, give)	LOCATION)	••••••
How long in hospital or institution?	2.(a) If veteran, name war	***************************************	***************************************
3. (a) FULL NAME		3. (b) Social Security 1	Number
Louise la NE	IMER!	602-06-	45
4. Sex 5. Color or race 6.(a) Single, marfied, widowed, or divorced	MEDICAL CE	RTIFICATION	
female white widowed	20 DATE OF DEATH DELECTION	les/12/1947	218:40 A
6.(b) Name of husband or wife Hellitage L. Seguela	21. I CERTIFY that death occurred on the date abov		
S.(c) If alive, give age years	June 1 19 4	7, 10 Dre - 12	:19
7. Birth date of deceased (mo., day, yf.) Fel. 27-1879	and that I last saw h. e. alive on	unter 10	19.4.7
8. AGE: Years Months Days If less than one day	Immediate cause of death		DURATION
68 9 15 min.	Staurtin	oudrus	5 days
9. Birthplace Gallering (Town, county, and state)	Due to Senile deman	tia	ulham
(Town, county, and state)			
	Due to		*********************
11. Industry or business all House	••••••		***************************************
12. Name Shattin Schwarg 13. Birthplace Services	Other conditions		***************************************
14. Malden name Iller S. E. Treever	(Include pregnancy within 3 m		
15. Birthplace Sariffication	Major findings of operations		
16. Informant Alexander At Sevenuer	Autopsy results.		
Address 1935 Belle Pis - Carpel	PHYSICIAN: Please underline the cause to whi		tatisticalty.
19 6.6: a 0 / Near 17-47	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
(Burial, cremation, or negoval, Which?) Date thereof. (month) (day) (year)	Accident, euicide, or homicide		
Cemetery or crematory London Community Communi	Where did injury occur?(City or town)	(County)	(State)
Location Stellering Just	Injured at home, farm, industry, public place (who	re?)	***********************
18. Funeral director. I San Marie San	Means of Injury	Injured at work?	
Address / Joo 6 petaces R laco	23. SIGNATURE nathan R	acusin	
19. (Dats rec'd by registrar) (Dats rec'd by registrar)	Address 206 S. Gilmor	M. D. or	r other 12.13.47
Teoficial Control	* AMMICS \$1	Date signed	

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

10994

CERTIFICATE OF DEATH

Reg. Diat. No. 30

7				ING. Dist. No. manananana
How long in above place	-Catonsvi	lle imits, write R	URAL and give nearest town)	State County County Catonsville
Hospital, institution, or street address where death occurred: Daughters of Eucharist How long in hospital or institution?			st	Street No
3. (a) FULL NAM	IE.	MA	RY REBECCA SHAWE	N 3. (b) Social Security Number
4. Sex female	5. Color or race white	6.(a)Single	e, married, widowed, or divorced Widow	MEDICAL CERTIFICATION Dec. 14, 19.47
6.(b) Name of husband or wite Francis I.a. Shawen (nee Wilcox) 7. Birth date ot deceased (mo., day, yr.) Sept. 5, 1854			e) It allve, give ageyea	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
8. AGE: Year 93	Months 3	Days 9	If less than one dayhrs. min	asteris-Selectic Curder - Breaking ?
	••••••		tate)	+++++++++++++++++++++++++++++++++++++++
12. Name				
16. InformantM	r. Edward 1			Autopsy resolts PHYSICIAN: Please underline the caose to which death should be charged statistically.
(Burial, cremation		Balto.	net 12/16/47 (month) (day) (year) National Ceme	
Location Balto., Md. 1B. Funeral director WM. J. TICKNER & SONS Address Balto., Md.		SONS	Means at Injury Injured at work? Depur S. Blue no.	
19.	2.16,1047	1	(le) VEdric	126 8 Planton Date stoned IV/IV

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

BC		
Reg. Dist.	No.	44

1. PLACE OF DEATHS LULION TO TO MAKE A COUNTY OF THE STATE OF THE STAT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proper intents give residence of mother) State
City or town	City or town (If outside city or town limits/write RURAL and give nearest town) Street No. 30 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME albert M. Simpson	3. (b) Social Security Number
4. Sex 5. Color or rade 8.(a) Signete, married, wildowed, or divorced.	MEDICAL CERTIFICATION 20. DATE OF DEATH See 9 19 4 7 21 / 2
6.(b) Name of husband or wife Helen Mary Simpson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) January 4th, 1897	and that I last saw halive on
8. AGE: Years Months Days If less than one day 50 11 5	Immediate case of death (54 + hrs)
9. Birthplace Baltimore, Maryland (Town, county, and state) General Foreman, 11. Industry or business Bethelehem Steell Co.	Fau from lage Crave
12. Name	Other conditions
14. Maiden name?	(Include pregnancy within 3 months of death) Major findings of operations
Mrs. Helen Mary Simpson Address 3018 Northern Parkway	Antopsy resolls. PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Burial Date thereof 12-/2-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Holy Redeemer Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homipide. Where did injury occur? (City or town) (State) Injured at home farm, industry, public place (where?)
Leonard J. Ruck	Means of injury Wy Means of injury Means of in
5305 Harford Road, 14	man la man

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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CERT	IFI	CAT	E OF	DEA	TH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	Street No. 43 13 Washington Blits (16 rural give LOCATION) 2.(a) If veteran, name war. Would Wash II
2 (a) FULL NAME	
0	i I. Smith Jr. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male C Single	20. DATE OF DEATH Dec. 3 157, at 10 M
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8 irth date of deceased (mo., day, yr.) 9 - 12 - 1922.	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
25 2 / 6hrsmin.	fractived skell
8. 8 irthplace Baltinon md. (Town, south, and state)	Du616.
V. 1222	for the same of th
10. Usual occupation.	Due to street by automobile
11. Industry or business	
12. Name Benjaminett Smith.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Gralus neal 15. Birthplace Linenburg Vuginia	Major fiodiogs of operations
15. 8 ortholace Junenting Viginia	
18. Informani	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 4313 Washington, Blvd.	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide selections. Bate of the 3 K.7
Cemetery or crematory Baltimore national	Where did injury occur? (City or town) (County) (State)
Location July July	Injured at home, tarm, industry, public place (where?)
18. Funeral director Later Stylleam	Megats of highest by and The there of work?
Address 322 4 Schweden	M. million M.
No. 10. 82 91. N. 11.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 10/0 Keels an Baje signed lee 34

. 53 DEC 10 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Near Boring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 yrs Hospital, instilution, or street address where death occurred:	State		
How long in hospital or institution?	2.(a) It veleran, name war		
Harriett E.Smith (
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Female Colored Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. DACEMEN 14 18 47 21 8 19.		
6.(6) Name of husband or wife Nelson Dett	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
7. Birth date of deceased (mo., day, yr.) May 10, 1873 8. AGE: Years Months Days If less than one day	and that I last saw have alive on Acc 3 1947 Immediate cause of death OURATION Brancher Pressure 5		
9. Birthplace Balto, Co. (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Oue to		
12. Name Joseph J. Smith 13. Birthplace Balto.Co.	Other conditions Arteries Urses 2 375		
14. Malden name Frances Derricks 15. Birthplace Balto.Co. Josephine Diggs	(Include pregnancy within 8 months of death) Major findings of operation		
16. Informant Josephine Diggs Address Reisterstown, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Oale Hereof Dec. 16, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Piney Grove	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		
Location Balto.Co.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J.F. Eline & Sons Address Reisterstown, Md.	Mesons of Injury Injured at work? 23. SIGNATURE 2. 2. Caples, M. 2.		
19. Dec-16-19 47 Cary B. ELine (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Pustustown Ind: Date signed 12-14-4		

RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE





WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death clean

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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,	Reg.	Diat.	No		-

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1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Cat onsy ille (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 23 years, 10 months, 20 days Hospital, Institution, or street address where dealh occurred:						
			Spring			
How long In hospital o	r Institution?.23y	ears,	10 months, 20 days	2.(a) If veleran, name war?		
3. (a) FULL NAM	e George	Sorre	11		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
male	white		single	20. DATE OF DEATH		' at 11:55a
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8. AGE: Years		Days	It less than one dayhrs	Immediate cause of death Pneumonia, left. Cachexia:		24 hou
9. Birthplace				Due to		
11. Industry or busines	s Ship	ping		Due to	***************************************	****
12. Name	? S	orrell		Other conditions		****
13. Birthplace	?			(Include pregnancy within		
t4. Malden name.	?					
E 15 Riethniace	2			Major findings of operations		
t6. Informant Hospital records			ecords	Autopsy results. Not done. PHYSICIAN: Please underline the cause to		****
Address	- 1		e-28, Md.	22. VIOLENCE: If death was due to external c		u statisticany.
Cemetery or crematory Location 18. Funeral director Address 4/01 Location 19. 12-12-9 19. 42 Pale thereof. Dale thereof. (month) (day) (year)		, , , , , , , , , , , , , , , , , , , ,	Accident, suicide, or homicide,	(County)	(State)	
			m. du .w. Hednil	23. SIGNATURE	Tue, m. x	0. or other

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Gion a h. V.
(If rural, give LOCATION) Hospital, Institution, or street address where death occurred: 2.(a) It veteran, name war..... How long In hospital or Institution?..... 3. (b) Social Security Number 3. (a) FULL NAME SPRATLEY HANNAH 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Married DECEMBER 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day Years 8. AGE: 10. Usual occupation. (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, sulcide, or homicide (Burial, cremation, r removal, Which?) (month) (day) (year) Where did Injury occur? (City or town) (State) Injured at home, farm, industry, public place (where?) ... Mangof injury 23. SIGNATURE

2411 N. Charles St., Baltimore

940

11000

1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 2 gluin 3	(For newborn infante give residence of mother)
City or town	State / County County
How long th above place of death? 30 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deaty occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry Mead St	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE DE DEATH DECEMBER 8 1947 2/0:NA
8.(b) Name of bushand or wife. Life and Streng	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.) Much 11-1868	and that I last eaw harmalive on
8. AGE: Yeare Months Days If less than one day 27	Cormany Thrombais 6 hr.
9. Birthplace (Town Connty, and state)	Due to Caronary artiry Downe 2 yr
1B. Usuat occupation	Due to
11. Industry or lastness	
12. Name phrau Streng 13. Birthpiace Manyland	Dther conditions
14. Maiden name Leve Fowley 15. Birthplace Manyland	(Include pregnancy within 3 months of death) Major fiadings of operations
15. Birthplace Maryland	Date of op.
18. Informant Orange and Stilling	Autopsy results
Address Mable Sins med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Build all Date thereof Old 1947. (Burial, cremation, or removal Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Grave Recur	Where did injury occur? (City or town) (County) (State)
Location Bulto Co mid	Injured at home, farm, Industry, public place (where?)
80 al OCT liter	Meens of Injury Injured at work?
18. Funeral director.	m. a() + 0.1
Address Haughtean Ma	23. SIGNATURE PAUVILLE C. Varlie Field
19 Date red by registrar) 19 Hij 66, Torolla 2000. Registrar	Address Stamps tend, M Date started 12-8-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

11001 SC 30 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County
	City or town(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 23/6 Cambridge of
Ohit Hursing Hour - Nummery Lane	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vohn Yaylor	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or discover	MEDICAL CERTIFICATION
mala White Separated	20. DATE OF DEATH DEC 1947, 21 4 P.
Mary Taylor	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of busbend-or wife	Nov 25 1949, 10 DEC 196/
7. Birth date of	and that I last saw h A after on A E O / 19 47
deceased (mo., day, yr.) May 3 - 18/3	Immediate Pause of death QURATION
8. AGE: Years Months Days If less than one day	Cerebral Temporthals Bours
72 6 28min.	70 7
Balto Md	Due to. 4 . CV
9. Birlhplace(Town, county, and state)	astered Clarone
10. Usual occupation. Laborer	
11. Industry or business Foots Cannaries	Dus to
10. 11	Other conditions
12. Name	
	(Include pregnancy within 8 months of death)
14. Maiden name	Major fiedings of operations
15. Birthplace	Date of op.
16. Informani Margaret Szymanski	Autopsy resolts
Address 2316 Cambridge st.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 23/6 12/11/11	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, eremation or command Whitehal) (month) (day) (year)	Accident, suicide, or homicide
St Stavislaus	Where did Injury occur?
Cemetery or crematery	Injured at home, tarm, Industry, public place (where?)
Location	Injured at nome, tarm, industry, public place (wheeler) Means of injury Injured at work?
18. Funeral director Walkiam Cook Suc.	Missis of Injury
Address 1217 St. Paul St. Balto 2 M	ud. Deeco Mitaussol
1. 2 4. 20 44 -	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed 2/2

PLEASE

VS A15

2411 N. Charles St., Baltimore

11003

BC	UU
Reg. Dist.	No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Baltimore				State Maryland County		
City or town	Port H	oward	URAL and give nesrest town)			
(A)	5 D	avs		City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		rest town)
Rosnital Institution	or street address where	death occurred	:	Sireel No. 2511 Floyd Street (If rural, give LOCATION)		
Vets. Adm. Hospital, Ft. Howard, Md. How tong in hospital or institution? 5 Days		2.(a) If veleral, name war. WW-I				
3. (a) FULL NAM			***************************************	Z.(u) ii veleran, name war		
3. (a) FULL NAM			4		3. (b) Social Security	Number
		G. THAF				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	5	Single	20. DATE OF DEATH. December 20;	19147	at 3:30 P
& (h) Name of huchan	or wite Single	е		21. I CERTIFY that death occurred on the date abov		
				December 15, 194		
7. Birth date of			t) if alive, give ageyears	and that I last saw h i.m alive on Dece	mber 20,	19.47.
deceased (mo., day,	, yr.) 8-4-	88		Immediate cause of death		
8. AGE: Yea	rs Months	Days	It less than one day		-	5 da.
5	59 4	16	hrsmin.			, J
A DUNCTURE F	Raltimore	Md.		Due to.		
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Unemployed						
				*		
11, Industry or business		Due to		*		
		Dither conditions Presumonia.				
12. Name Thomas Tharle 13. Birtholace Maryland						
Ella November		(Include pregnancy within 3 m	onths of death)			
E 14. Maiden name EIIA Neuman		Major findings of operations				
2 15. Birtholace Cumberland, Md.			Date of op			
14. Malden name Ella Neuman 15. Birtholace Cumberland, Md. 16. Informant Clinical Records, Vets. Adm. Hosp.		Actory results. Substantiated above				
	Ft. Howard	-		PHYSICIAN: Please underline the cause to whi	ich death should be charged	statistically.
Address			11/000/10	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
17. Burial Date thereof (month) (day) (year)		Accident, suicide, or homicide				
Cemetery or cremator Baltimore Nalsonal antery		Where did injury occur?(City or town)	(County)	(State)		
Location Frederick, Road:		Injured at home, farm, Industry, public place (where?)				
11 12 Blight		Means of Injury	Injured at work?			
18. Funeral director South and State of			01			
Address 4914 Belair Road;		23. SIGNATURE Games B	Juper. M	D.		
1	123 X7	A.	W. Hedrich		M. D.	or other
Date rec'd by	registrar)	****	Registrar	Address VAH Ft. Howard	Md. Date signed.	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

932

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Salo	(For newborn infants give residence of mother)
12.0	State Del County Gald
(If outside city or town limits, write RURAL and give nearest town)	(P)
How tong in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Tun Ocal.
Chur Via.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME mary Thirlkel	3. (b) Social Security Number
4. Sex 5. Color or rack 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Luidaus	12/22/47 425
1 to the state of	2D. DATE DF DEATH 2 2 M
6, (b) Name of husband or wife sall sames a. Sherekel	21. I CERTIFY fhaf death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Dec 20 1947, to Dec 23 19 47
7. Birth date of () / / 0//	and that t last saw have alive on 194
	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Broncho Promone 3ch
81 5 17hrsmin.	
md.	Due to Character & my
9. Birthplace	Con Mai week
10. Usual occupation stousewife	
	Due to
11. Industry or business	
12. Name. Unk: Jets 13. Birthplace Jermany	Dither conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Thuk	
14. Malden name UMK 15. Birtholage Germany	Major fiadings of operations.
El 15. Birthplace Sermany	Date of op.
16. Informant Upo Dengangen H Underson	Autopsy results.
Address Jun O Pol, - Kelay Tust.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 12/36/47.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof (more) (day) (year)	Accident, euicide, or homicide
1 - 1 - 1	Where did injury occur?
Cemetery or crematory	
Location 2801 Diederica Good.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harry A. little	Means of Injury Injured at work?
11101511 00,000	220 1
Address 41016 dmondson Will	23 SIGNATURE
10 12/26 12 47 Q.W. Hedrick	3609 M. D. or other
19. (Date rec'd by registrar) Que Registrar	Address All Date stoned /2/2 4//

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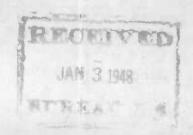
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They	is espec

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MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County Baltimore City or town Owings Mills City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Park Hts & Walnut Ayes Owings Mills How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Cherles Gilbert Tillman 4. Sex	mone MEDICAL CERTIFICATION
6.(6) Name of husband or wife Theresa Springmann Tillman .6.(c) If alive, give age	20. DATE DF DEATH. December 29 1547 at 6:50A. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-29-147 19 to 12-29-14719 and that I last saw h. im. alive on not seen alive 19 19 19 19 19 19 19 19 19 19 19 19 19
52 11 3 hrs. min. 9. Birthplace Owings Mills Balto Co Md (Town, county, and state) Storekeeper	Coronary Artery Disease Instant Due to Arteriosclerotic C.V. Disease 4 yrs
11. Industry or business 12. Name	Other conditions
Mrs Charles G Tillman Address Park Hts & Walnut Aves Owings 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Carroll's Chapel Cemetery	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Owings Mills Md 18. Funeral director. Wh. Berryman & Sons Address Reisterstown Md 19. Dec - 30 19 47 Mary B.ELine (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE R. D. D. Caplus M. D. or other Address Reisterstown, Md. Bate signed 2-30-147



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2411 N. Charles St., Baltimore

CERTITICA	TE OF DEATH Reg. Dist. No
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County County City or town limits, write RUMAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Engene a. La	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. P. 47, 21 9.
6.(b) Name of husband or wife	21. I CERNOY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 11 (ess than one day	and that I fact each h Boomer alive on 19.1 Immedia: cause of death DURAT
8/ 7 25 hrs. min. 9. Birthplace Balto Co., md.	Bue to.
9. Birthplace Dallo (Town, county, and state) 1D. Usual occupation General Salace	Due 10. Semilty
11. Industry or business 12. Name	
14. Maiden name Elizabeth Dallian	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Unlinean 16. Informant Genald Quina	Autopsy results
Address Lescas, Med. 17. Bural Date thereof Llac 9, 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur?
4 () - 0	tnjured at home, farm, Industry, public place (where?)
Location Decar Mayland 18. Funeral director Landon In Brooke	Meens of injury Injured at work?

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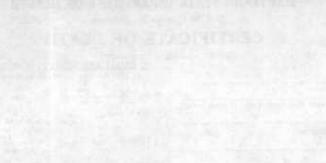
2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 198 3.
1. PLACE OF DEATH: Ceunty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Ceunty Baltimore City or town Johnnycake Road (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Celer or race 6.(a)Single, married, widowed, er divorced Widowed White Widowed Elizabeth Tuckez	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 24, 19 47 7; 30 F
6.(6) Name et huchand er wife ETIZADETH TUCKEE deceased 7. Birth date et deceased (mo., day, yr.) May 25, 1866	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, te 24 1947, and that I last saw have alive on 1947, the 22 1947, and that I last saw have alive on 1947, the 24 1947
8. AGE: Years Menths Days It less than one day 29 hrs. min. 9. Birthplace Carroll Co. Md. (Town, county, and state)	Immediate cause of death Duration Duration Duration
Merchant 11. Industry er business retired 12. Name UNKNOWN 13. Birthplace	Bue to
14. Maiden came. UNKNOWN 15. Sirthglace Mr. Truman B. Tucker Address Baltimotre Md. 7	(Include pregnancy within 8 months of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Baltimore Md. 7 Burial Bate thereot 12-27-47 (Burial cremation, or removal. Which?) (mouth) (day) (year) Cemetery or oremetery. Taylorsville Lecation Taylorsville, Carroll Co. Md.	22. VIOLENCE: If death was due to external causes, fill in the fellowing; Accident, suicide, or homicide
18. Funeral directer C.M. Waltz Address Winfield, Md. 19. 12 - 27 - 1947 & Ball Maria: (Date rec'd by registrar) Registrar	Means et injury Injured at werk? 23. PIGNATURE AUGUSTA AUGU



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: Bretimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	State County County City or town County (If outside city or town timits, write RURAL and give near Street No. 1439 County to Street No. 1439	
How long In hospital or Institution? 18 443 10 ms 10 days	Street No. (11 Furnit, give LOCATION) 2,(a) It veteran, name war.	V
3. (a) FULL NAME Which John Waeter	3. (b) Social Security N	lumber
4. Sex 5. Color or page 6.(a) Single, married, widowed, or divorced M S. Color or page 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 27 Dec 19 47	2115 P M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decear 25 Sec 19. 47, to 27 84	sed from / Le 19 4 7
7. Birth date of deceased (mo., day, yr.) 12/27/47 10/25/21	and that I last saw h alive on 25 Dec	DURATION
8. AGE: Years Months/ Pays laless than one day 4-	Cardiac Quantificing	0415-
9. Birthplace Backman Ind	Due to (Oarte-levin)	
10. Usual occupation Junuale Corewood	Que 10 Broncho- Presumma	1 day
12. Name John Mouch	Other conditions Off Ine cha suspendine	12405-
14. Malden name Mary Burfler 15. Birthplace Jud.	(Incide prematics within 5 months of death) blatis Major findings of operations.	1 dis-
15. Birthplace Jud.		
Address Clwing mill lug.	Autopsy results	tatistically.
17. BURIAL Date thereof (2/30/47) (Burial, cremation, or removal, Which?)	22. VIOLENCE: Il death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. CEAR HICC	Where did injury occur?	
Location JOHN F. DENNY INC.	Means of Injury tnjured at work?	
Address 715 LIGHT ST	23. SIGNATURE Starry & Light	e, sid
19. (Date rec'd by registrar) Registrar	Address Guran Mills Halls Halls	13/27/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

CERTIFICATE OF DEATH

© 110063 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore	(For newborn infants give residence of mother)
City or town Towson 4 Maryland (If outside city or town limits, write RURAL and give nearest town)	State Magage Classed County Dallaman Cary
How long in above place of death?	(If outside city or town limits, write RURAL and give genrest town)
Hospital, institution, or street address where death occurred:	167.14 W Jeneties At
Eudowood Sanatorium, Towson L, Maryland	(if rural, give LOCATION)
How long in hospital or institution? Sime and Dat Day 194	2.(a) If veteran, name war
3. (a) FULL NAME?	3. (b) Social Security Number
Clara & Wayland	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
finale phily Single	20. DATE OF DEATH DICEMBER 28 1947 at 15 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that settended decessed from
g.(c) If alive, give ageyears	1 1000 610 77 115
deceased (mo., day, yr.) angust 21, 1882	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
654 min.	D. C. and July Persons
	Julinaury Mollewards
9. Birthplace Deward County had	Due to
14/12/1	agrif.
10. Usual occupation.	Due to
11. Industry or business	Out to
12. Name Tall Nay James	Dther conditions
3. Birthpiace Neward County Mil	(Include pregnancy within 3 months of death)
14. Maiden name afam a listery	1746.
15. Birthplace Balliman Ma	Major findings of operations.
Personal History - Hospital Records	Date of op
16, Informant	Astopsy results
Address Eudowood Sanatorium, Towson 4, Md.	
17 Beer 3/ 1997 (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Gemetery or crematory. Druish Ridge	Where did injury occur?
Location Physiall Fred	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured all work?
18. Funeral director A any of Witzhie	(11 D)
Address 4101 Edwardson due	22 CIONATURE NA Prides
Nes 22 (11) 4/ 1	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Towson 4. Md. Date signed 12-25-4/

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CATONS VILLE MP.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
FRANCIESON AND + WINERY LANE	State MD County
City or town DMO UDS ON AND + MUNERY LIANT (If outside city or town limits, write RURAL and give nearest town)	CILY OF TOWN BALTIMORE I MD
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5703 CROSS CBUNTRY BLVD.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALICE VICTORII	4 WEEKS No
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	2D. DATE OF DEATH (1 4 3 / 19 4 7 at // 4 M
5(h) Name of husband or wife JAMES H. G. WEEKS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of the same of the	DEC 26 1947 10 DER 36 1947
T. Birth date of	and that I last saw halive on DEO 30 19 47
deceased (mo., day, yr.) SEPT 26, 186 4	Immediate Juse of death
8. AGE: Years Months Days It less than one day	Logo logo Stere Orrhas I Na
83 3 5hrsmin.	
9. Birtholace MARY LAND	PCI
9. Birthplace (Town, county, and state)	Due to. 150 4 9 000 4 3 65
Llowernie	1000 accessor
1)	Due to
11. Industry or business HOME	
12. Name CHARLES E FAIRBANK	Dther conditions
\$ 13. Birthplace MARY LAND	(Include pregnancy within 3 months of death)
# 14 Malden name ELIZEBETH J. HALE	
Tr. malacin name	Major findings of operations.
	Date of 96.
16. Informant MR. WALTER E. WEEKS - SON	Autopsy results
Address 5703 CROSS COUNTRY BLVD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1.12/10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Bate thereof 1/3/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory. LORRAINE	Where did Injury occur?
Location BALTO, MD	Injured at home, farm, Industry, public place (where?)
18. Funeral director WM. I TICKNER + SONS INC	Maane of Injury Injured at work?
Address NORTH + TA. BALTO, MD.	Deec Nation Rea
1/2 x8 A.W Hedrich	23. SIGNATURE M. D. or other
19. (Date rel'd by registrar) 19. Registrar	Address Date signed 2

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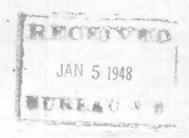
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Baldward	(For newborn Infants give residence of mother)			
Cily or town Marile Cliff War Town on (If outside city of town limits, write RURAL and give nearest town)	State Mary Parish County Baldimore			
	City or town Match Cliff Mean Town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of dealh?				
	Street No			
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
Steler Mary Edwardine Wells 4 Sex 15, Color or race 6, (a) Single, married, widowed, or divorced				
	MEDICAL CERTIFICATION			
Ferrale White Surgle	20. DATE DF DEATH ALL 27 19.47 21.6.05 A. M			
	21. I CERTIFY that death occurred on the date above stated: that f attended deceased from			
6.(b) Name of husband or wife	aug 18 44, 10 Nec 27 18 47			
7. Birth date of	and that f last saw h. A. alive on A. R. 2.2. 18.47.			
deceased (mo., day, yr.) Och. 10, 1863	Immediate cause of death			
8. AGE: Years Months Days II less than one day	Browles - Premiories 2 weeks			
84 2 17hrsmin.				
0-01	B. J.			
9. Birlhplace	Due to			
10. Usual occupation. I harles				
	Due to			
11. Industry or business				
12. Name Poler Wehr 13. Birthplace Germany	Dther conditions			
	(include pregnancy within 3 months of death)			
14. Maiden name Eva Hepps 15. Birthpiace Germany				
15. Birthplace Germany	Major findings of operations.			
	Date of op.			
16. Informant St. Mary Class	Autopsy results			
Address Nopel Cliff med				
17 Danial Date thereo 2029/47	22. VtOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cramatory	Whers did injury occur?			
Slesa Cent	Injured at home, farm, Industry, public place (where?)			
Location December 10 of Land	Means of Injury / Injured at work?			
18. Funeral director				
Address SIII Dearle 14	TIME TO IN A			
19/28 -2 PXXXX	23 SGHATURE M. D. or other			
19	Address Date signed			



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/2-/8 (Date rec'd hy registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed 12-18-47

CERTIFICATE OF DEATH

			0211111	Reg. Dist. No.				
1. PLACE OF DE	ATH more			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town Reisterstown (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:				City or town Keisterstown				
M I t- 5		••••••••	***************************************	(If rural, give LOCATION)				
3. (a) FULL NAM			***************************************					
J. (a) FOLL NAM		ARRIE	DOUGLAS WEL	CH 3. (b) Social Security Num	iber			
4. Sex Female	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec 16 19.47, et	10:20 A			
8.(b) Name of husband 7. Sirih daje of deceased (mo., day,)			(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased t	from 19447.			
8. AGE: Years	7117	Days	if less than one day		DURATION 3			
9. Birthplace	Hou	sewife Clagge	tt	Due to	?			
14. Malden name 15. Birthplace	IInk	npwn		(Include pregnancy within 8 months of death) Major fiediogs of eperations.				
18. Informant JO	hn T. We Bond Av			Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statis.				
17. Buria (Burial, cremation, Cemetery or cremator Location RO	l orremoval.Which ny St. I istersto	n Bate then ukes	December (month) (day) (yea	Where dld injury occur?	nte)			
Address 163	l Druid	Hill A		Means of injury Injured at work? 23. SIGNATURE A	ner			

Registrar

Address Reisterstown

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEA	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
County	and Ratting
City or town	I manager Print
How long in above place of death? 33 443	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 9 1 F Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
FARLW. WELLINGS.	(Va
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL/CERTIFICATION
m while married -	20, DATE OF DEATH 12-99-47 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
1. 1. 1 11 11	
B.(b) Name of husband or wite. arolug. E. willings.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years	
7. Birth date of deceased (mo., day, yr.) Selecteruber 51/888	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
59 3 24 hrs. min.	(0,20NARY OCCLUSION JAIN)
9/12.1.2. B	H-10101245112. C-1
9. Birthplace	Die to Disease -
10. Usual occupation & sow Moulder	2.193.0.3
11. Industry or business Bette Velaguer Steel Co.	Due to
12. Name Leorge Wellings	Dther conditions
13. Birthplace Pennsylvania	
14. Malden name & da —	(Include pregnancy within 3 months of death)
15. Birthplace Pennsylvania	Major findings of operations.
m. mitted a Ra de.	Date of op.
16. Informant III Was I was to the Constant of	Autopsy results
Address 9/7 F Street, Sparrows Voul	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17	Accident, suicide, or homicide
1/10/10/10/10/10/1	Where did Injury occur?
Cemetery or crematory	(County) (State)
Location Caller Coulevard, Ballo, Co.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Roland L. Jasher	Means of Injury Injured at work?
Address 21/2 9 usadalk ave-	ma save ms
Markon Mullens	23. SIGNATURE MIA. Warmer Butter of the
19. (Date rec'd by registrar) Registrar	Address Delis dale 2) Date signed 1 2/24//4-7



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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Reg.	Dist	. N	ю.,	f		

:			CERTIFICA	IE OF DE	AIR	Reg. Dist. No	P
1. PLACE OF DEAT					DENCE (HOME) OF		1
City or town				State			
			Howard, Md.		(If rural, give		
3. (a) FULL NAME	M B. WHAI	R.Y				3. (b) Social Security	Number
	. Color or race	6.(a)Sing	le, married, widowed, or divorced	H	MEDICAL CE	RTIFICATION	
Male	White	S	Single	20. DATE OF DEATH	December 29		at 6:30 P
6.(b) Name of husband or			(c) If alive, give ageyears	Detober	leath occurred on the date above 7	7 December	r 29 19 47
deceased (mo., day, yr.)	9-30-89	,			death		
8. AGE: Years	Months	Days	If less than one day		L ENDOCARDIT		_
58	2	29	hrsmin.			***************************************	
tD. Usual occupationO. tt. Industry or business [t2. NameWill.	il loader	Ŋ	state)	Due to			
13. Birthplace Ce	nterville	, Md.			nclude pregnancy within 3 m	***************************************	
14. Maiden name .M. t5. Birthplace S	ary E. Sa	idler	3	Major findings of o	perations		
El t5. Birthplace	t. Michae	LS N	1.0	-		Date of op	•••••
Address Fort	Howard,	Maryla	and	PHYSICIAN: Please	e noderline the cause to wh	ich death should be charges	d statistically.
17 Burial (Burial, cremation, or			reef	Accident, suicide, or	r homicide	Oate of	
			emetery		(City or town)		
	The second second			Injured at home, farm	m, Industry, public place (wh	Injured at work?	***************************************
			er & Son		`	2	
Addiess			Baltimore, Md.	23. SIGNATURE	Donie	M. Bust	lass.
19. (Date rec'd by regist	trar)	<u></u>	W Heduck	AddressV.A.I	H. Fort Howar	M. D.	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Market County (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A. W married	20. DATE DE DEATH ROLLINGEN 2 1947 at 14:30 P. M
8.(b) Name of husband or wife Politic Island 8.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) Politic, 16, 1863	21. I CERTIFY that death occurred on the date above stated: that 1 attended deceased from 19.4. 19
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day	Immediate cause of death
9. 8irthplace	Due to
12. Name 7 1 13. Birthplace Md.	Dther conditions
14. Maiden name Chetherine Otland 15. Birthplace	(Include pregnancy within 3 months of death) Major findings ol operations. Date of op.
16. Informant Mile Mobilet Led freset	Autopsy results
17. Gurial, cremation, or removal. Which?) Date thereof Disc. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Met Oliver Commetter of Commetter	Where did injury occur?
18. Funeral director & Harry Weer	Mesns of Injury Injured at work?
Address Adjustice The	23 SIGNATURE E. Martin
1/2/2/ (Date regul by registrar) 184) The E. Marting Registrar	Addresaudalletown Date signed 2/2/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11015 Reg. Diat. No. 30...

1. PLACE OF DEATH: County Baltimors City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 Years, 7 months, 22 days Hospilal, inslitution, or street address where death occurred: Spring Grove State Hospital. How long in hospital or inslitution? 11 years, 7 months, 22 days			nd URAL and give nearest town) 7. months, 22. days : tal.	Street No. 1035 Boyd Street (If rural, give	write RURAL and give nes	arest town)
WHEELTO					3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	EVALUE TO
Female	White	Me	rried	20. DATE OF DEATH December	27 19 47	at 5:30 pr
	***************************************	6.(0	elton years	21. I CERTIFY that death occurred on the date abo May 5, 1936 19	47., 10. December	27 19 47 19 47
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death Arteriosclerotic heart		
54_	9	2	hrs min.	Coronary thrombosis.		
10. Usual occupation 11. Industry or business 12. Name	Housewife Housewor an Duvell ary land	ek.	itate)	Due to	nonths of death)	
	tonsville-	- 28, M	lary land.	Actorsy resolts	ses, fill in the following;	statistically.
Cemetery or cremator	Spring	Grove	(month) (day) (year) State Hospital	Accident, suicide, or homicide	(County)	(State)
18. Funeral director	Spring Gr atonsvill	e 28,	ate Hospital	Moons of Injury	Injured at work?	or other



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			Reg. Dist. No.
1. PLACE OF DEATH: .			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown			City or town ARBUTUS AD Cuely (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?			Street No. 1239 VOCT AVE
Now long in hospita	1 or Institution?		2.(a) If veteran, name war
3. (a) FULL NA	ME	HENRY WET	12FL JR. 3.(b) Social Security Number 2/2-16-9382
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M	W.	MARRIED	20. DATE OF DEATH DEC 22 19. X7 , at 1 23 7
6.(b) Name of husba	and or wifeX.E.B.E.C	CA. NEE BERKENHEIME	How 1 1947 10 Nove 22 19 X
7. Birth date of deceased (mo., da	1	y, 9, 187 1	and that I last saw h
8. AGE: YO	ears Months /	Days If less than one day	firemi 3day
9. Birthplace	BALTIMOR	(E D), county, and state)	Due to. Cerelose the 31
10. Usual occupation	on WATCHA	IAN	Due to Carella Vascular)
11. Industry or busi		WEITZEL	Diher conditions.
13. Birthplace	Mb.		(Include pregnancy within 3 months of death)
14. Maiden nai 15. Birthplace	me HELEN	Lips .	(Include pregnancy within 3 months of death) Major fiediegs of operations
15. Birthplace	GER	MANY	Oate of op.
16. Informant		EITZELL SR	Actopsy resolts
Address 1239 VOLT AVE, FRBUTUS, MD.			22. VIOLENCE: If death was due to external causes, fill in the following:
17. CREMATION Date thereof 27 (month) (day) (year) Commetery or crematory. CREMATORY			Accident, suicide, or homicide
Location	DALTINO,		
18. Funeral directo		TICKNER + SONS INC	Manage of Injury
1	RTH. 4 Pa.	Aves; Bolto, MD.	23. SIGNATURE SteffmKieffer
19(Date rec'd by	12 26 19 47	a.w. Nedrick	M. D. co-other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

11741

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infange give residence of mother)
County Co	State County Balls
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(if outside city on lown limits, write RURAL and ripe properst town)
Hospital, Institution, or street address where death occurred	Street No. 1500 Easlern Crop Rds
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FUIL NAME Storge Wick (7	Wich 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W Widowed	20. DATE OF DEATH LICE 7 19.4.7 21.5.40A M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyears	2000 1947, to 2011 1941
7. Birth date of deceased (mo., day, yr.)	and that I last saw hat alive on
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION Sources Annual Sudden
86hrsmin.	
9. Birtholace Germany	Due to arteris-Selesotre,
(Town, county, and state)	Cardio-Vassulu disease
10. Usual occupation.	Duo to
11, thdustry or business	
12. Name Mark Mark	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Barbara Dellerling 15. Birthplace Germany	Major findings of operations.
\$ 15. Birthplace Hermany	
18. Informant Alway Wille	Antopsy results
Address 1500 Gastern and	22. VIOLENCE: It death was due to externat causes, fill in the following;
(Burlal, cremation, or remove). Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Agarest Heart of Jesus	Where did injury occur?
Location Basto	tnjured at home, farm, industry, public place (where?)
LA Briso de make	Means of Injury Injured at work?
18. Funeral director	Mr. MR.
Address (40) Castorn aug (9.	23. SIGHATURE M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Ballo 6 Mag Date signed 12-7-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E OF DEATH

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80			44
Reg.	Dist.	No.	 4-1

	CERTIFICA	TE OF DEATH	Reg. Dist. No	47
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL How long in above place of death? L Days Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Fort How How long in hospital or institution? L Days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	write RURAL and give neare	est town)	
3. (a) FULL NAME HENRY F. WIEBER			3. (b) Social Security N 213-03-0668	umber
4. Sex 5. Color or race 6.(a)Single, marrie	ed, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White d Mari	ried	20, DATE OF DEATH December 1,	1947	4:35 A
5.(b) Name of hushing or wife Barbara Wieber 7. Birth date of deceased (mo., day. yr.) 2-18-94	c se, give age	21. I CERTIFY that death occurred on the date above November 27.9	17 to December ember 1,	1, 19, 47
o. AGE:	ess than one dayhrsmin.	Subacute Nephritis,		
9. BirthplaceBaltimoreMd(Town, county, and atate) 10. Usual occupation				
12. Name Joseph Wieber 13. Birthplace Albany, New York		Diter conditions Hypertension, Uremia, due to Nephriti	cause Unknown	Unknown Unknown
14. Maiden name Anna Wieber (Huffm		Tuberculos bis y subtraction Major fiediogs of operations	n, Unknown	
16. Informant Clinical Records, Vets Address Fort Howard, Maryland	. Adm. Hosp.	Actopsy results. Substantiated PHYSICIAN: Please moderline the cause to whi	above	
Compters or cremators meadowriolge	/3-4-47 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur?	(County)	(State)
18. Funeral director Florge L. Schwall Address 2101 Frederick leve. B	Palto. and.	23. SIGNATURE GEORGE SNIDER, N	Injurge at work?	other
19. (Dato rec'd by registrar)	D. Heduel	Address V.A.H. Et. Howard	l Date signed	

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	3. (b) Social Security N	umber
	213-03-0668	
MEDICAL CE	RTIFICATION	
20, DATE OF DEATH December 1,	19.47	4:35 A
21. I CERTIFY that death occurred on the date above November 27. 19. June 27. 21. I CERTIFY that death occurred on the date above 19. June 27. 22. I CERTIFY that death occurred on the date above 19. June 27.	17 to December	1. 19.47
	amber Te	
Immediate cause of death	cause unknown	Unknown

Due to		
Due fo		•
other conditions Hypertension, remia, due to Nephriti Tuberculus as yenhulmonar	cause Unknown	Unknown Unknown
Major fiediogs of operationsDuratic		
Autopsy results. Substantiated PHYSICIAN: Please moderline the cause to whi	above ch death should be charged st	atistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (who	ere?)	
Means of Injury	Injured at work?	
23. SIGNATURE CEORGE SNIDER, N	Al I .	
as signature	Mucay	
23. SIGNATURE GEORGE SNIDER. N	[.D. M. D. or	other

PLAINLY, V is especially

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11	018	
 Dis	NI .	

			CERTIFICAT	E OF DEA	TH	Reg. Diat. No.
A. PLACE OF DEATH: Baltimore County Baltimore City or town Duncalk (If outside city or town limita, write RURAL and give nearest town) How long In above place of death? Hospital, institution, or street address where death occurred: How long In hospital or institution?			State Mary Land County Baltimore City or town Dundalk (If outside city or town limits, write RURAL and give nearest town) Street No. 6813 Holabird Ave. (If rural, give LOCATION) 2.(a) It veteran, name war.			
3. (a) FULL NAME	Cath	erine Wi	lls			3. (b) Social Security Number
4. Sex Female	5. Color or race White	6.(a)Single, m	arried, widowed, or divorced .ed	20. DATE OF DEATH		certification er 9 1947 1:35 P
7. Birth date of deceased (mo., day, yr. 8. AGE: Years 64 9. Birthplace	November November November O Saltimore, (Town,	S.(c) It	alive, give age6.4	Due to	eath alive on a seath and a se	
Address 327 17. Burlal, cremation, Cemetery or cremator, Location	S. Macon	Date thereof.	ral Hause	Autopsy results	anderline the cause to ath was due to external omicide	which death should be charged statistically.

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or. Condemon	BALTIMORE CITY HEALTH DEPARTMENT
Marin drive	CERTIFICATE OF DEATH

1.3	The state of the s
Registered	No.

1. PLACE OF PRATILITY (a) Baltimore Annual Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County BALTIMORE (c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
6001 P 1-1 P	
(b) Street address OSUI BEISIT ROSG (c) Hospital or institution:	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 6801 Belair Road (If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
3 (a) FULL NAME James A. Woodward	WHAT IS A "CAUSE OF BEATE"?
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 25th 1947 at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or male white divorced. widowed widowed widowed widowed Susan H.	21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to 1941, and that I last saw h/M, alive on 1947.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) July 14, 1859	Colonary sichution
8. AGE: Years Months Days If less than one day 88 5 11hrmin.	Due to arterio Elizació
9. Birthplace Calcutta, India (Town, county, and state) Retired	Due to.
11. Industry or business	Other Conditions Include
12. Name ? 13. Birthplace ? 14. Maiden Name ?	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation: Underline the cause to which death should be
15. Birthplace ?	of autopsy: charged statistically,
16 (a) Informant Mr. Alex. Woodward	22. If death was due to external causes, fill in the following:
(b) Address 6801 Belair Road, #6 17 (a) Burial (b) Date thereof 12-29-47 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Moreland Park Location Baltimore 18 (a) Funeral director Leonard J. Ruck (b) Address 5305 Har ford Road, 14	(a) Accident, suicide, or homicide. (b) Date of occurrence
19 (a) (Dath rec'd by registrar) (Dath rec'd by registrar)	Address 300 Shaunow M.A. Date signed 2/2/2/

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

County County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death-occurred: How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME ANNA J. YINGLING	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced Fenale white Widowed. 6.(b) Name of husband or wife plavid C 1. Birth fate of Single age years 7. Birth fate of Single age years	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8. AGE: Years Months Days It less than one day O IS hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation.	Immediate case of death
11. Industry or business 12. Name Saac Remarkt 13. Birthplace Summark 14. Malden name Sakknown 15. Birthplace Summark 16. Birthplace Summark Summark 17. Birthplace Summark Summark 18. Birthplace Summark Summark 19. Birthplace 19. Birthplace Summark 19. Birthplace 19. Birthplace Summark 19.	Dither conditions (Include pregnancy within 3 months of death)
16. Informant. Address Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. AK HUN EM.	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funoral director Address 403 S. WOLFE ST. 19. 12 -15 19 40 D. Jedwiden Registrar	Mesns of Injury Description Description

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11(121₃₀)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dayoto,	(For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State County County
(If one side city or town minus, write RORAL and give nearest town)	(If ontwide city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hood Nursing Home	Street No. Daysathane QUE.
How long In hospital or institution? Mother Pand + Edmandson	(If rural, give LOCATION)
	7 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elsea gert	ho
4. Sex 5. Color or race 8.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Lemale white Widow	8 0
1 1 17 1: 13 4	20. DATE OF DEATH 31 HOCKING 19.47 , at 10.15 P. M
6.(6) Name of husband or wife Educated Frederick Firtho	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Deleased 8.(c) If alive, give age years	11 laptember 19 47, to 31 Dac. 1942
7. Birth date of	and that I last saw h. A. T. alive on 2) Doc. 19.42
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Mooths Days If less than one day	Concessions of it. fread with 1-2 years
afort65 mia.	
6.	
9. Birthplace	Due to
10. Usual occupation Hazialewife	***************************************
	Due to
11. Industry or business	A : 0 : 0
12. Name	Dther conditions Chamber Chamb
	(Include pregnency within 3 months of death)
HI 14. Malden name. Mulkingstra	(Incinde pregnency within 8 months of death)
O 45 British	Major findings of operations.
	Date of op. 47 96
18. Informati touch A. Meustel	Aotopsy results
Address T. Le Ple Dud	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
3/1/2/1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Mt. Olive	Where did injury occur?
O and a comment of the control of th	
Location A least least war and the least l	Injured at home, farm, industry, public place (where?)
18. Funeral director transle H & Marie Cl	Means of Injury Injured at work?
0:1:00 -1	10 9 1911
Address Thesurle ma	23. SIGNATURE Got a hestro 9.
10 land 3 10 48 Clith thedrees	M. D. or other
(Sate rec'd by registrar) Registrar	Address 20 E. Vesta U, (2012 Date signed 272.98

Un Westit